Secure Provider Website

Instructional Guide

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Introduction

The Secure Provider Web is a secure website developed to allow Providers across Centene health plans to perform a variety of functions from their office. By registering and creating an account, a Provider can easily check patient eligibility, and view their patient list. Providers can view and submit both authorizations and claims through the website. A secure messaging feature allows a Provider to communicate with the health plan without having to pick up the telephone.

How to Use the Manual

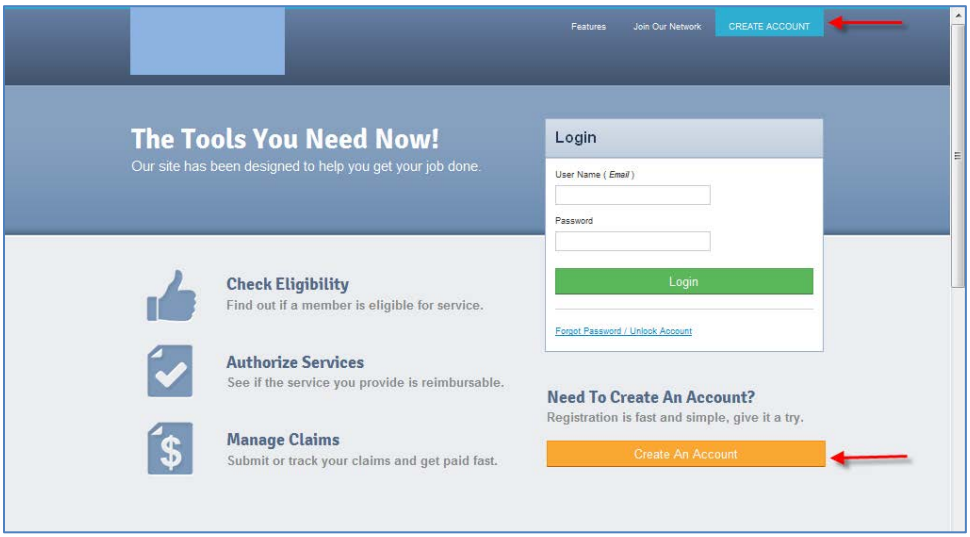
This manual is intended to be a quick reference for using a tool or function offered on the website when a Provider or staff member needs assistance. The manual also explains many ways to use the site in order to get the most out of the resource.

System Requirements

Access the secure provider website using Internet Explorer 7.0 or higher, Firefox and/or Google Chrome. Each browser should be updated to the most recent version available optimal performance.

Registration

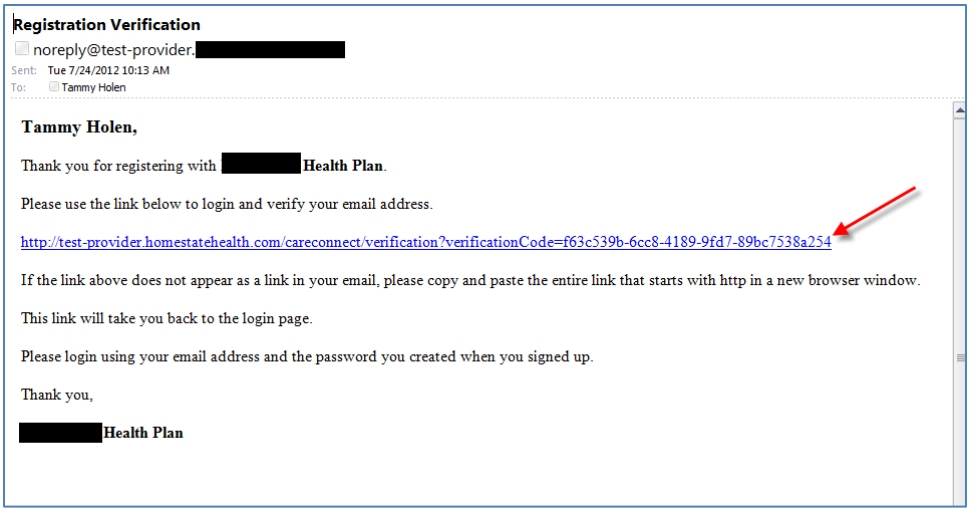
To create an account:


Features
Join Our Network
CREATE ACCOUNT
The Tools You Need Now!
Our site has been designed to help you get your job done.
Login
User Name (Email)
Password
Login
Forgot Password / Unlock Account
Check Eligibility
Find out if a member is eligible for service.
Authorize Services
See if the service you provide is reimbursable.
Manage Claims
Submit or track your claims and get paid fast.
Need To Create An Account?
Registration is fast and simple, give it a try.
Create An Account

1. Click the **Create An Account** button.
2. Start your registration by entering your Tax ID number, First Name, Last Name, Email, and Password.

   ***Passwords must be at least 6 characters in length, with at least one uppercase and lowercase letter, and at least 1 number or symbol (!@#$%^&*).

3. Click **Register**.
4. Registration is complete, and an email verification link is emailed to the address provided during registration.

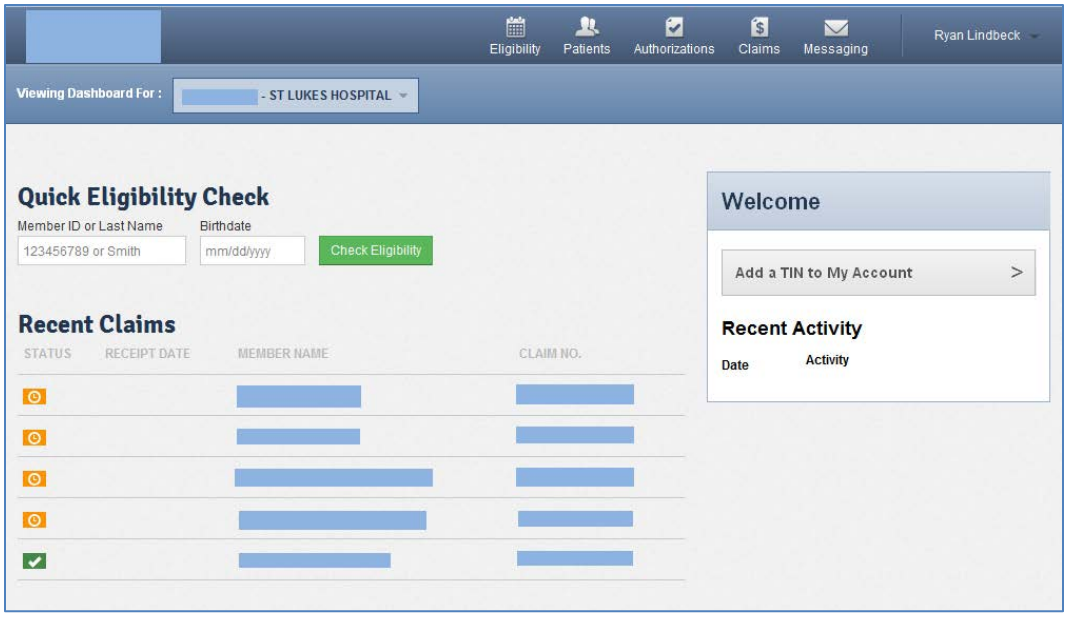

Registration Verification
noreply@test-provider.[redacted]
Sent: Tue 7/24/2012 10:13 AM
To: Tammy Holen
Tammy Holen,
Thank you for registering with [redacted] Health Plan.
Please use the link below to login and verify your email address.
http://test-provider.homestatehealth.com/careconnect/verification?verificationCode=f63c539b-6cc8-4189-9fd7-89bc7538a254
If the link above does not appear as a link in your email, please copy and paste the entire link that starts with http in a new browser window.
This link will take you back to the login page.
Please login using your email address and the password you created when you signed up.
Thank you,
[redacted] Health Plan

5. Click the **link in the email** to finish setting up your account.

   ***If you cannot find the email, please be sure to check your spam/junk folder.

6. Login using the email address and password you created when you signed up.
7. Click **Login**.
8. Finish setting up your account by selecting 3 security questions and answers, and a telephone and fax number.
9. Click **Submit**.
10. Validate your registration by entering your NPI and billing zip code.
11. Click **Validate Registration**.

Note: If the message "We could not match what you entered into our system, please check and try again" is received Click **Skip Validation**. A Health Plan employee must validate your account before it can be used.



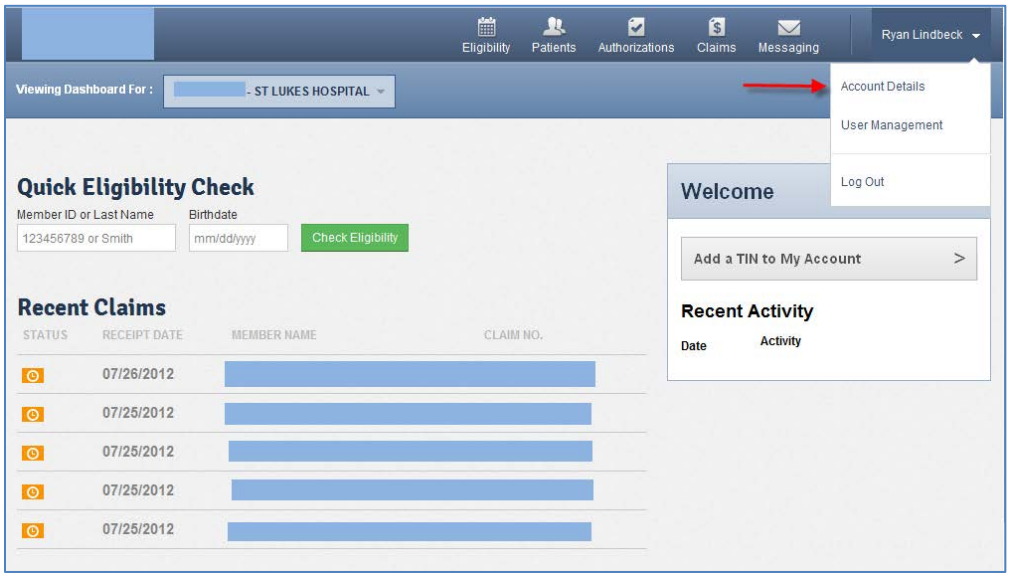
12. Once logged in, from your Dashboard you can access various tools to do the following:

    - Verify patient eligibility
    - View and print your patient list
    - Submit and view authorizations
    - Submit and view claims
    - Send secure messaging

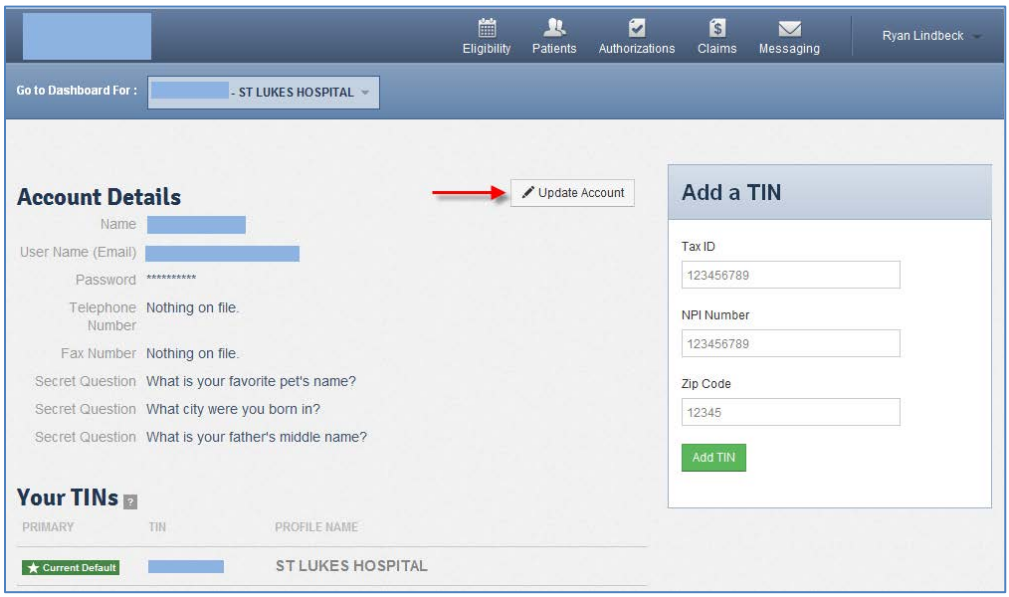
Update Account

To make updates to your account:

1. Log in to the secure website.



2. Select the **drop-down arrow** next to your name in the upper right corner, and click **Account Details**.

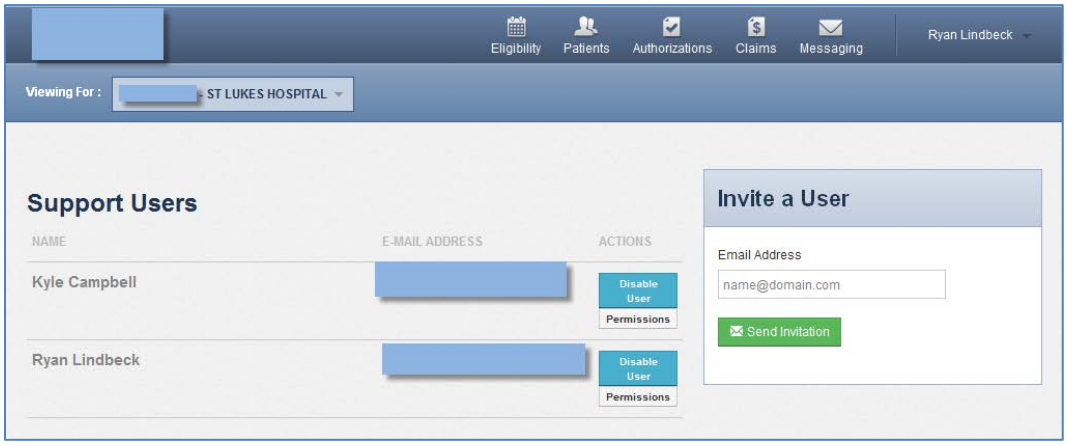


3. To update your account, click the **Update Account** button. You are able to update the details of your account, and your security information.
4. Under Your TINs you see the Primary Current Default TIN for the account, and can select another TIN to **Mark As Default** or **Remove** a TIN.

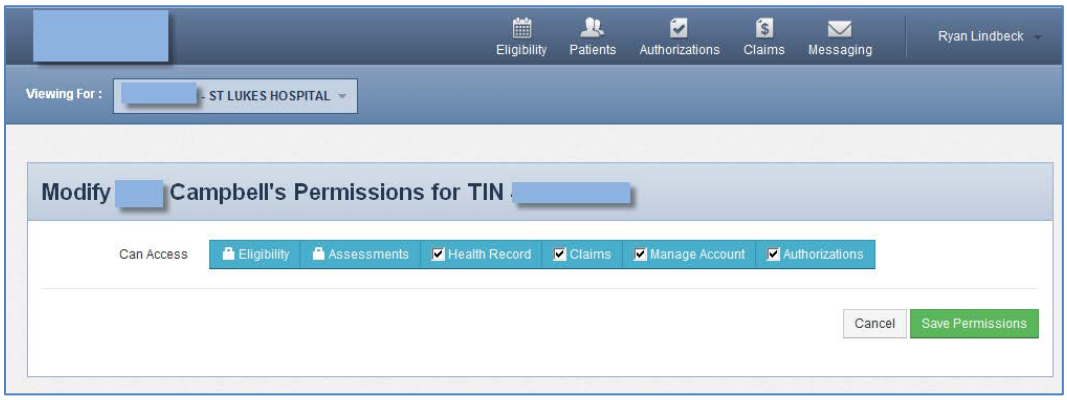
User Management

To manage users of your account:

1. Log in to the secure website.
2. Select the drop-down arrow next to your name in the upper right corner. Select **User Management**. If you do not have a User Management option it means you are not set up to manage the account.



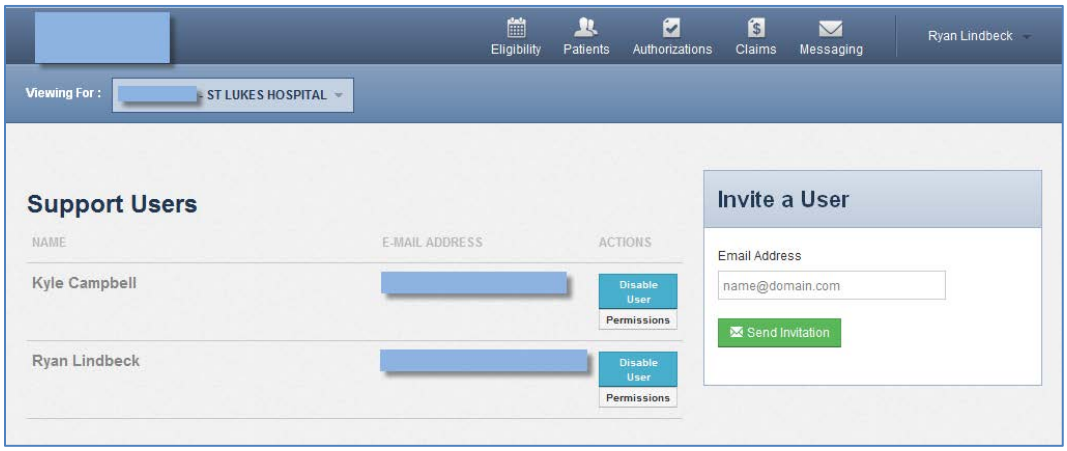
3. Using this feature you can disable users, and manage permissions for your account. To manage permissions, click **Permissions** next to the user name.



4. On the Modify Permissions screen, you can view all permissions granted to a user. It is the responsibility of the Account Administrator to manage the account.

   ***It is recommended for only 1-2 staff members to have permission to Manage Account at each entity.

5. Uncheck the box next to **Manage Account**, and click **Save Permissions**.
6. Instantly the identified user will not be able to manage account.

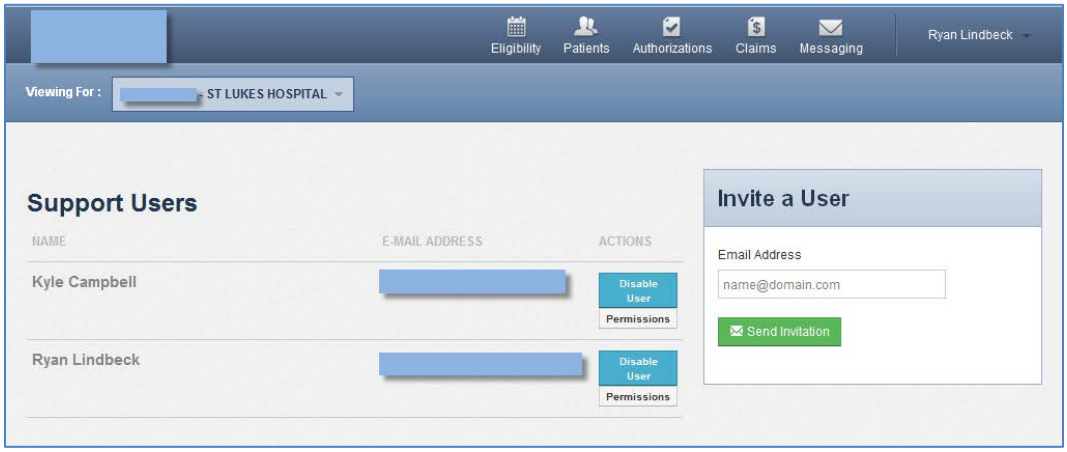


7. After clicking save permissions, you return to the Support Users screen to manage additional users if necessary.
8. To invite a user to join your account, enter their Email Address in the email address field and click **Send Invitation**.

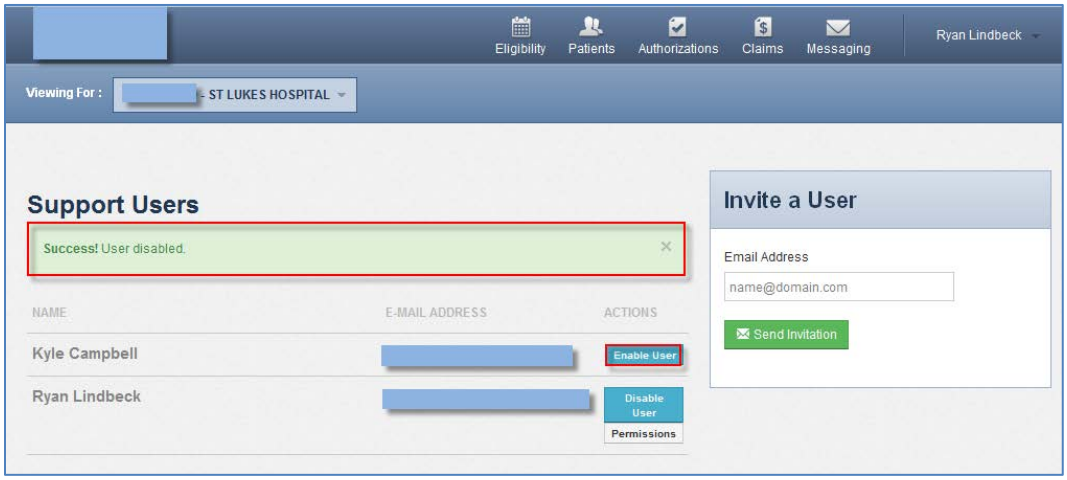
Disable a User

To disable a user from an account:

1. Log in to the secure website.
2. Select the drop-down arrow next to your name in the upper right corner. Select **User Management**.



3. Select **Disable User** next to the user name that you wish to disable access.

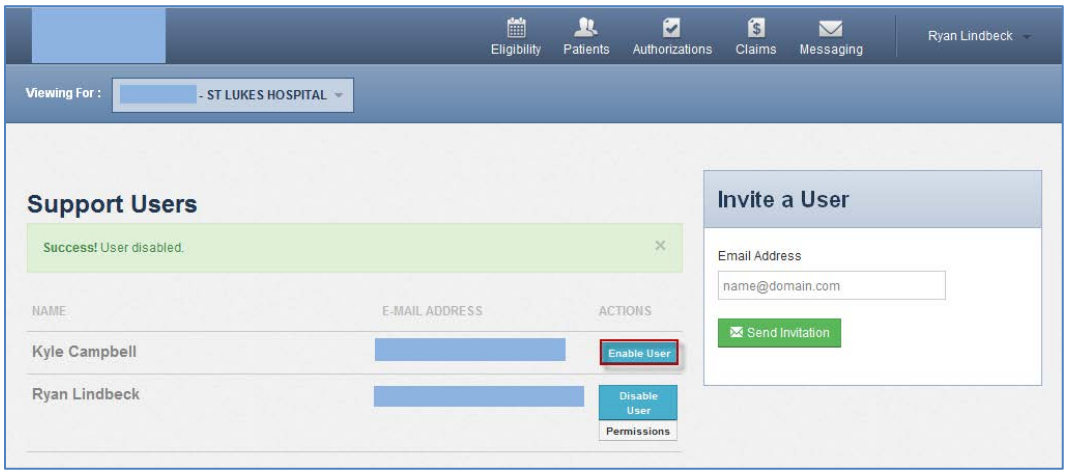


4. After a user is disabled, you receive a Success message. Under the Actions column you have an Enable User function if necessary.

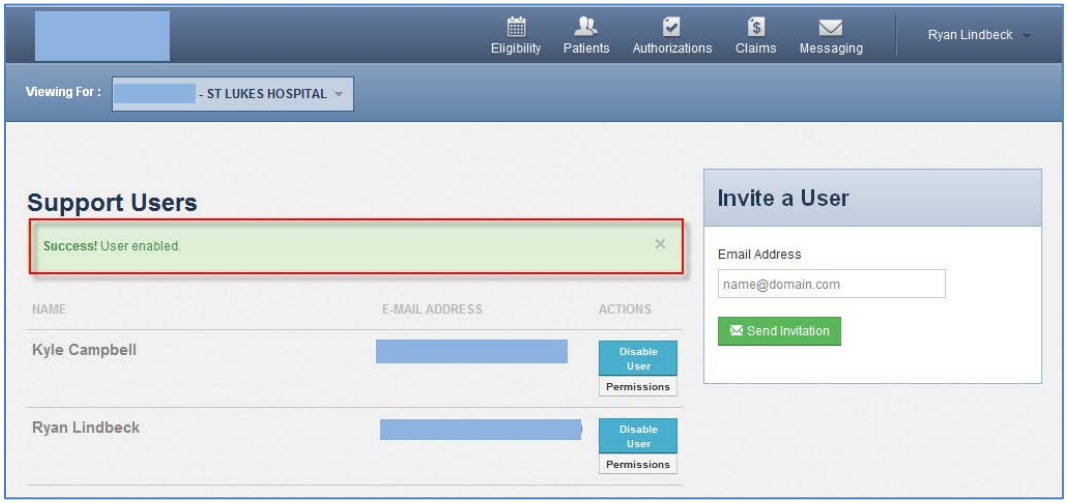
   ***Once a user is disabled, their login and password are disabled immediately and the user is unable to access the account.

Enable a User

To enable a user previously disabled:



1. Log in to the secure website.
2. Select the drop-down arrow next to your name in the upper right corner. Select **User Management**.
3. Next to the disable user's name, click **Enable User**.

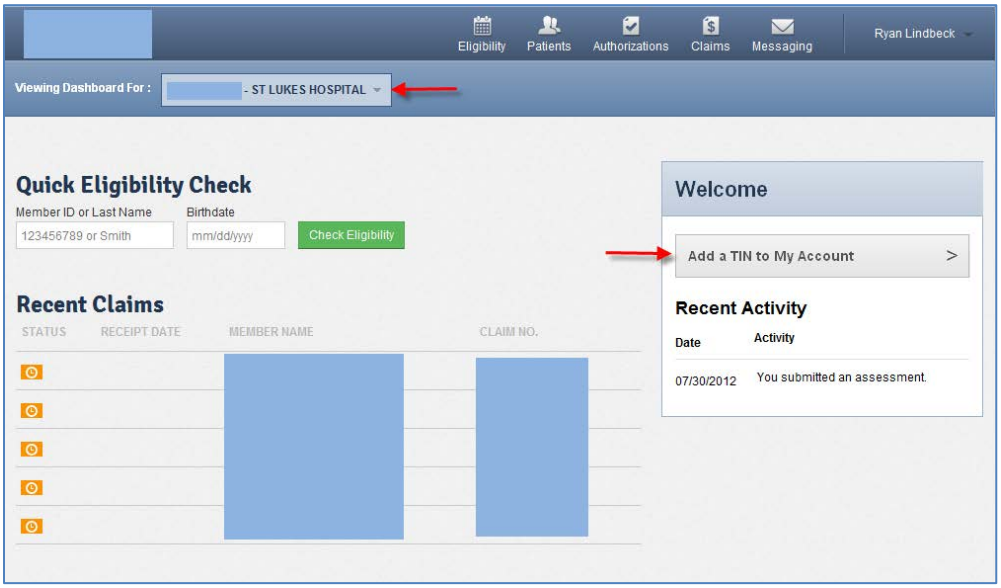


4. You receive a Success message, and the user is enabled immediately.

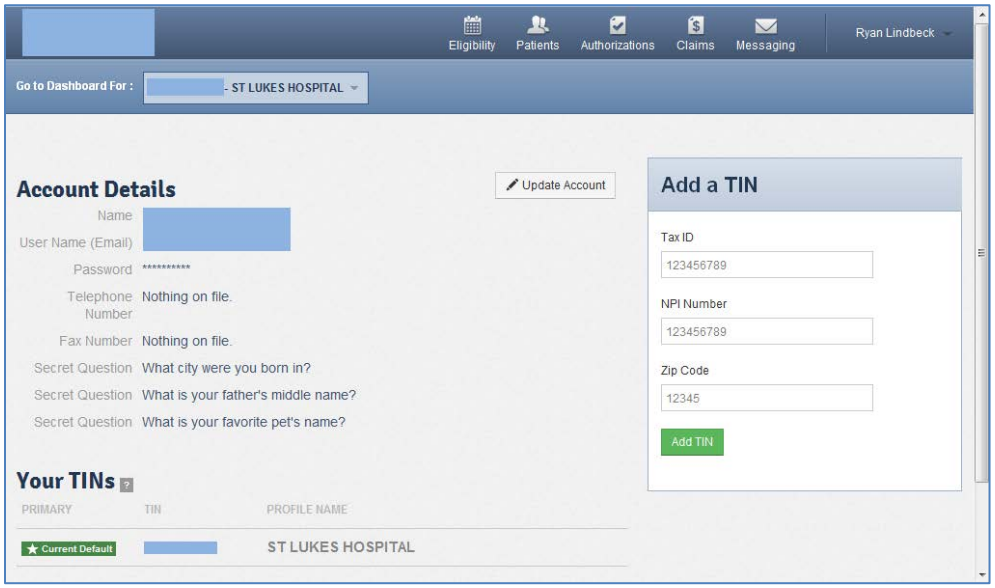
Manage TINs

To manage Tax Identification Numbers for your account:

1. Log in to the secure website.



2. Manage TINs by selecting the drop-down arrow next to the **Viewing Dashboard For**, or selecting **Add a TIN to My Account**.

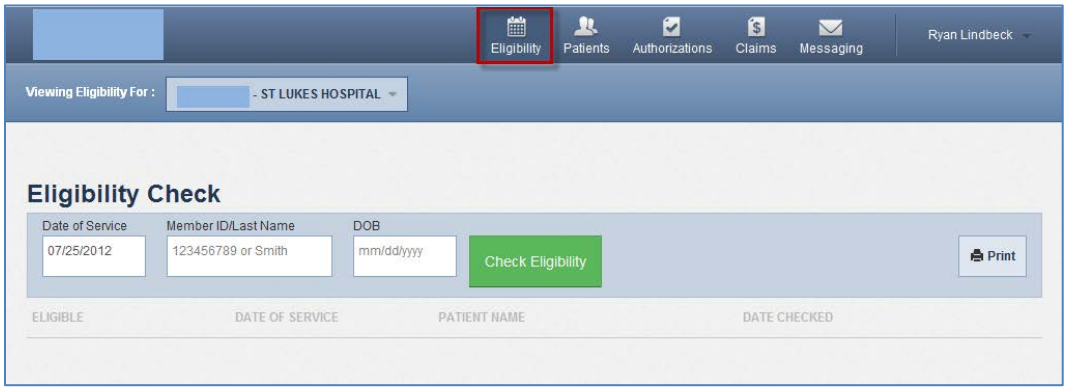


3. To add a TIN enter the Tax ID, NPI, and Zip Code in the fields provided.
4. Click **Add TIN**.

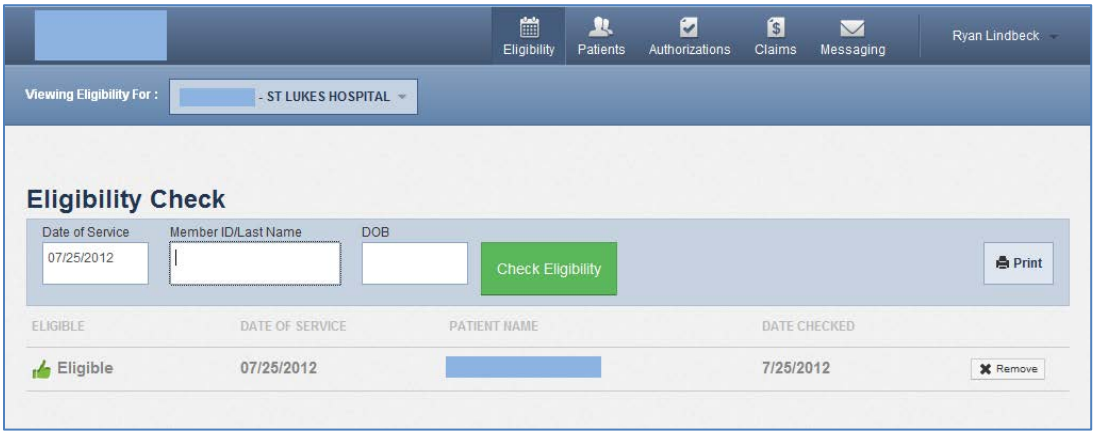
5. Note: If the message “We could not match what you entered into our system, please check and try again” is received only add TIN and Click **Add TIN**. A Health Plan employee must validate your account before it can be used.

Checking Patient Eligibility

To verify patient eligibility:



1. Select **Eligibility** at the top of your screen.
2. Enter the **Date of Service (DOS)**, **Member ID/Last Name**, and **DOB** of your patient.
3. Click **Check Eligibility**.



4. The eligibility information appears below the fields. The view contains: eligibility status, date of service, patient name, and the date checked.

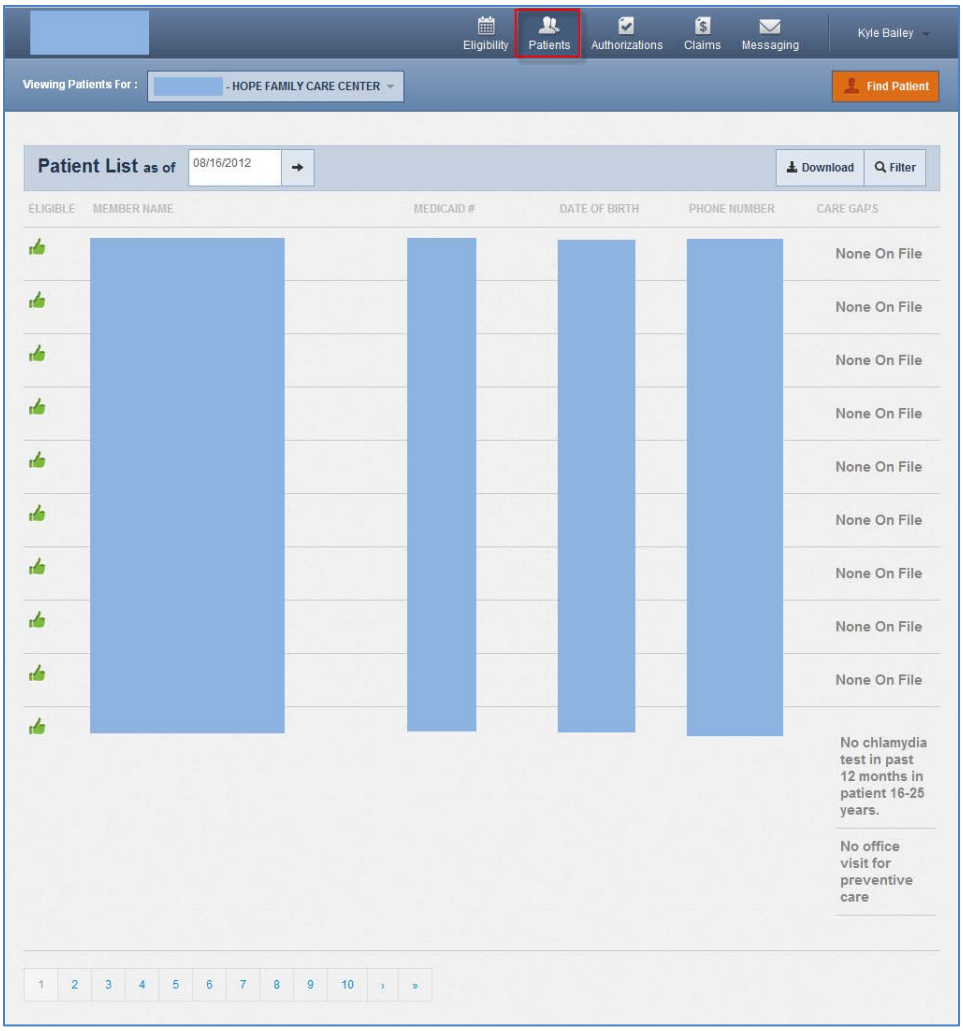
***To check additional patients' eligibility status continue to add the DOS, Member ID/Last Name, and DOB for each additional patient.

5. To print the eligibility information click **Print**.
6. To open the Patient Record, click on the blue **Patient Name**.

Patient List

To view, and download a patient list:

1. Click **Patients** at the top of your screen.
2. Click the drop-down arrow next to **Viewing Patients For:** and select the desired **TIN**.



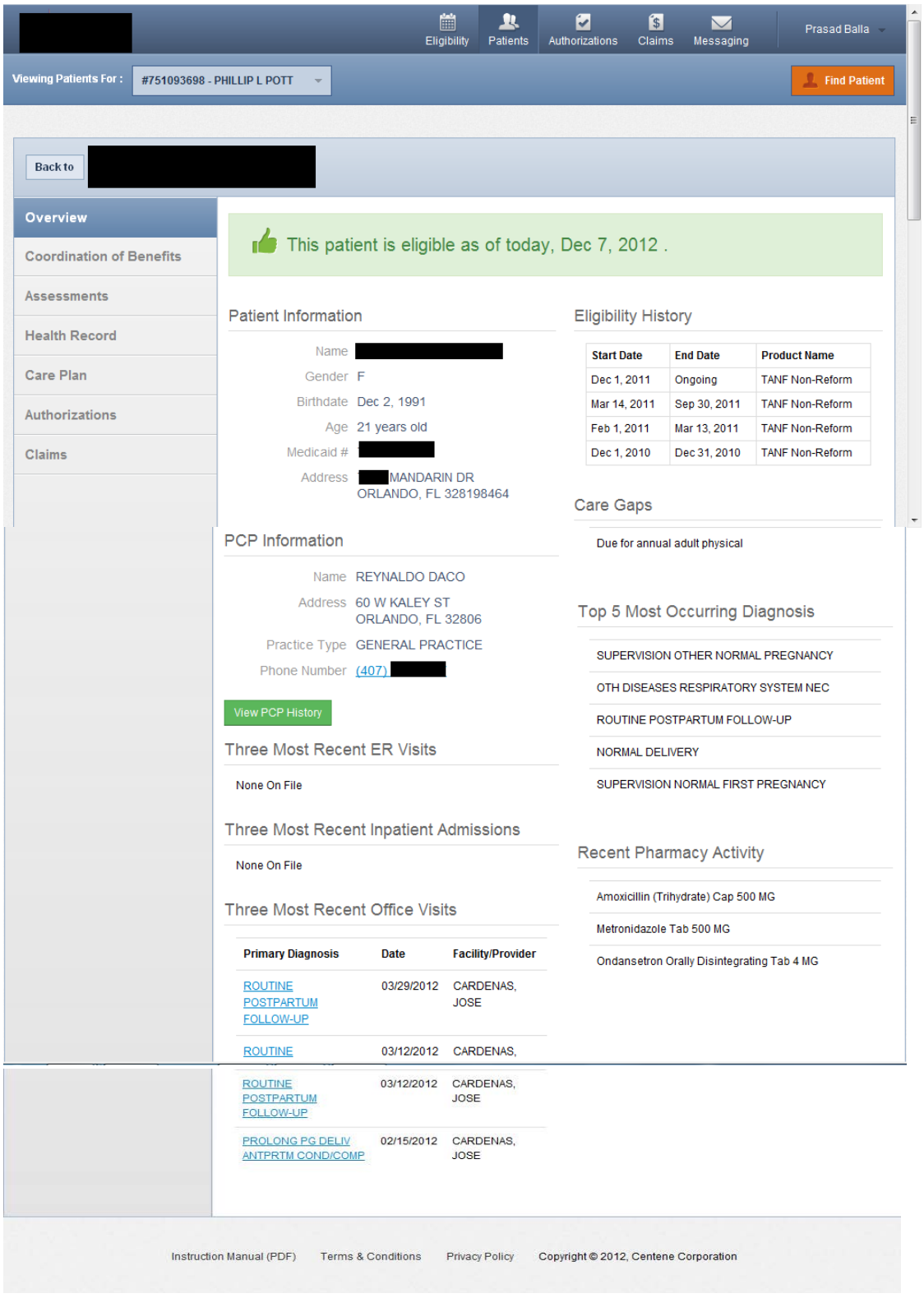
3. The Patient List appears displaying Eligibility Status, Member Name, Medicaid #, DOB, Phone Number and Care Gaps.
4. To download the patient list to Excel, click **Download**. This allows for you to manage your patient information as desired in Excel.

***Downloading the patient list to Excel allows you to see all patients for that TIN, including the Physician's Name.

5. To filter the patient list, click **Filter**. You can filter by NPI and Provider Medicaid #.

   ***Filtering the patient list allows you to view the patients per NPI or Provider Medicaid # that belong to a single TIN.

6. To search for a specific patient, click **Find Patient**. Enter the Medicaid ID/Last Name and DOB of the patient, and click **Find**.
7. To open the patient record, click the blue **member name**.


[redacted]
Eligibility
Patients
Authorizations
Claims
Messaging
Prasad Balla
Viewing Patients For :
#751093698 - PHILLIP L POTT
Find Patient
Back to
[redacted]
Overview
Coordination of Benefits
Assessments
Health Record
Care Plan
Authorizations
Claims
This patient is eligible as of today, Dec 7, 2012 .
Patient Information
Name [redacted]
Gender F
Birthdate Dec 2, 1991
Age 21 years old
Medicaid # [redacted]
Address [redacted]MANDARIN DR
ORLANDO, FL 328198464
Eligibility History
Start Date | End Date | Product Name
Dec 1, 2011 | Ongoing | TANF Non-Reform
Mar 14, 2011 | Sep 30, 2011 | TANF Non-Reform
Feb 1, 2011 | Mar 13, 2011 | TANF Non-Reform
Dec 1, 2010 | Dec 31, 2010 | TANF Non-Reform
Care Gaps
Due for annual adult physical
PCP Information
Name REYNALDO DACO
Address 60 W KALEY ST
ORLANDO, FL 32806
Practice Type GENERAL PRACTICE
Phone Number (407) [redacted]
View PCP History
Top 5 Most Occurring Diagnosis
SUPERVISION OTHER NORMAL PREGNANCY
OTH DISEASES RESPIRATORY SYSTEM NEC
ROUTINE POSTPARTUM FOLLOW-UP
NORMAL DELIVERY
SUPERVISION NORMAL FIRST PREGNANCY
Three Most Recent ER Visits
None On File
Three Most Recent Inpatient Admissions
None On File
Recent Pharmacy Activity
Amoxicillin (Trihydrate) Cap 500 MG
Metronidazole Tab 500 MG
Ondansetron Orally Disintegrating Tab 4 MG
Three Most Recent Office Visits
Primary Diagnosis | Date | Facility/Provider
ROUTINE POSTPARTUM FOLLOW-UP | 03/29/2012 | CARDENAS, JOSE
ROUTINE | 03/12/2012 | CARDENAS,
ROUTINE POSTPARTUM FOLLOW-UP | 03/12/2012 | CARDENAS, JOSE
PROLONG PG DELIV ANTPRTM COND/COMP | 02/15/2012 | CARDENAS, JOSE
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Privacy Policy
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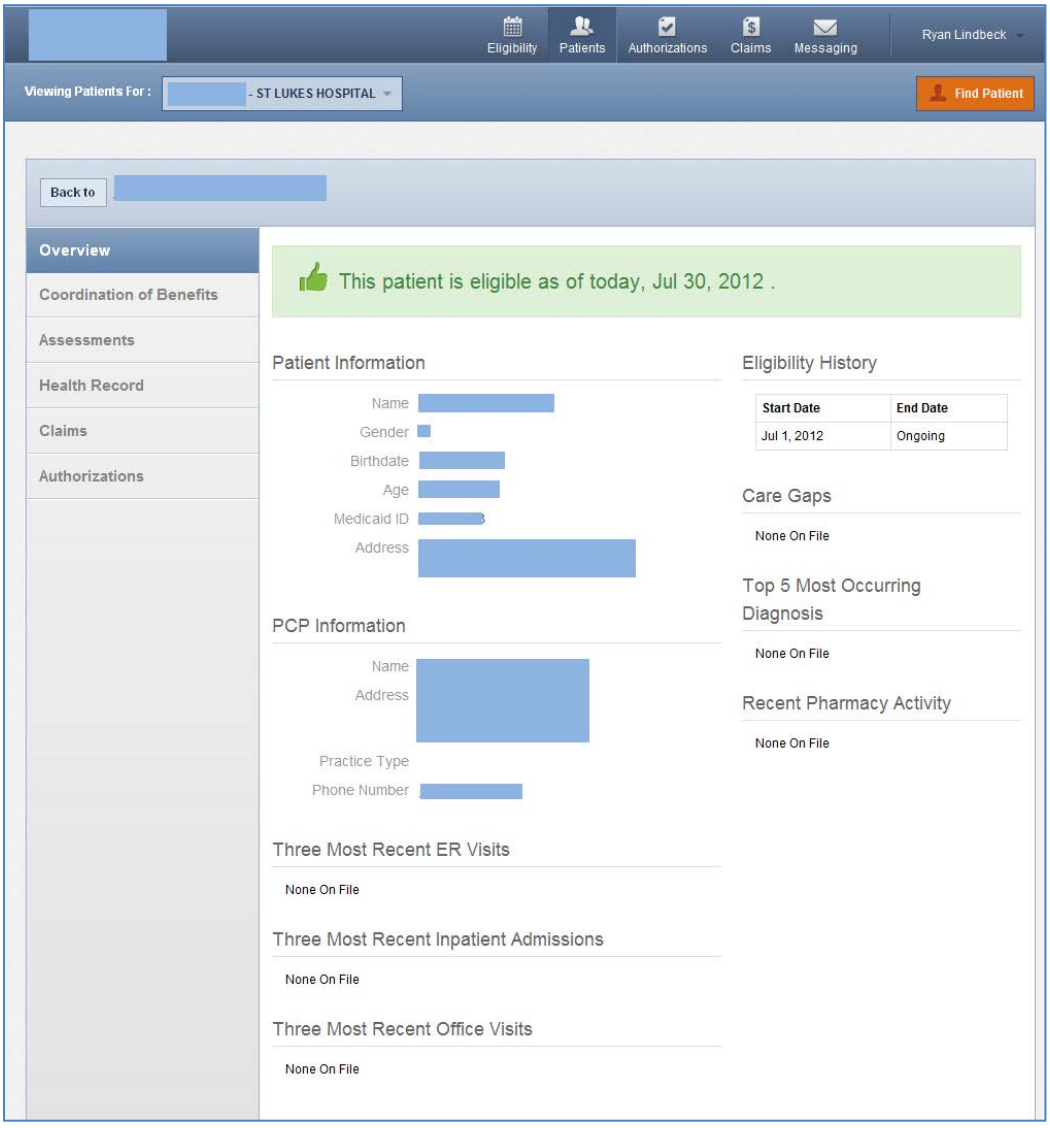
8. The Patient Record opens; the Overview appears providing detailed information for the patient.

Patient (Member) Record Components

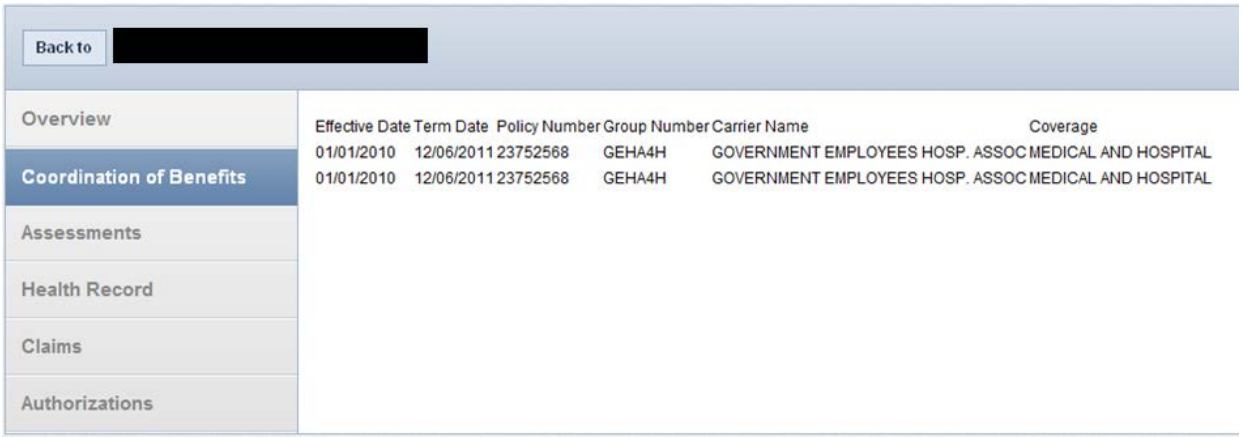
Overview

1. From the Eligibility Check or Patient List, select the blue **Patient Name** to open the Patient Record.



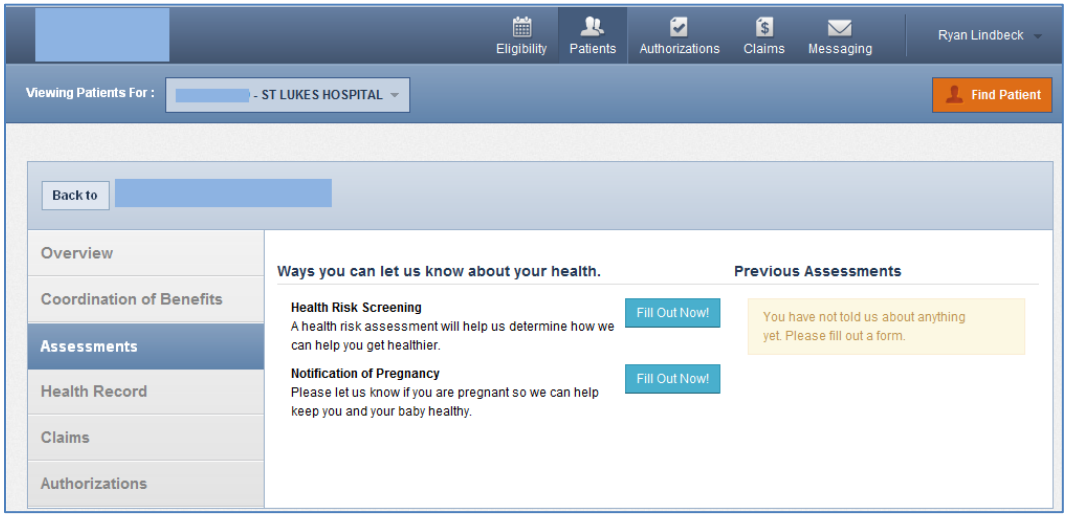
2. The Patient Record opens to the Overview tab displaying the Patient Information, PCP Information, Eligibility History, and the most recent Medical Activity.

Coordination of Benefits


Back to
[redacted]
Overview
Coordination of Benefits
Assessments
Health Record
Claims
Authorizations
Effective Date Term Date Policy Number Group Number Carrier Name Coverage
01/01/2010 12/06/2011 23752568 GEHA4H GOVERNMENT EMPLOYEES HOSP. ASSOC MEDICAL AND HOSPITAL
01/01/2010 12/06/2011 23752568 GEHA4H GOVERNMENT EMPLOYEES HOSP. ASSOC MEDICAL AND HOSPITAL

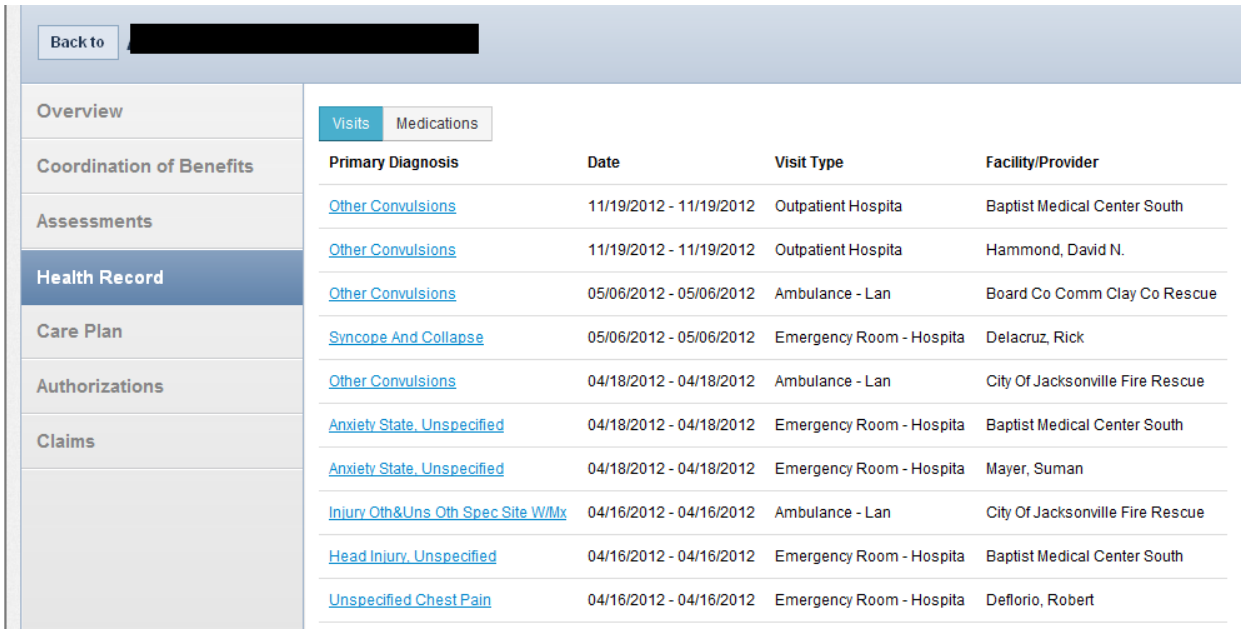
1. Inside the Patient Record, select **Coordination of Benefits** on the left.
2. The Coordination of Benefits (COB) tab of the patient record displays the other insurance information for the patient. If the patient has no other insurance, the web indicates it does not have any COB information.

Assessments



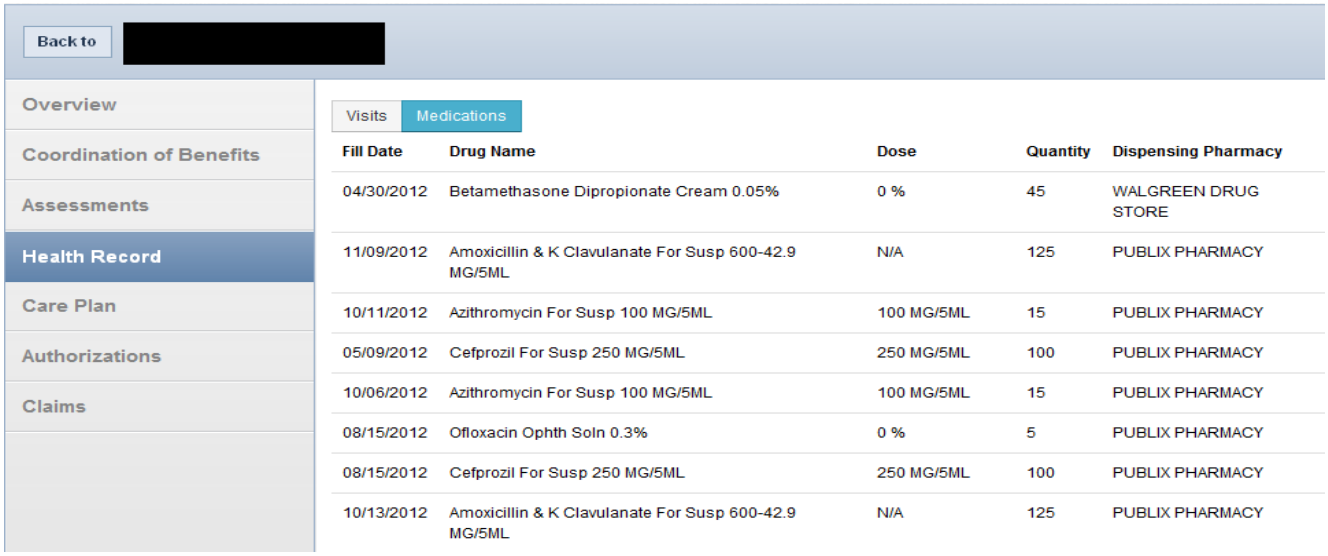
1. Inside the patient record, select **Assessments** on the left.
2. The Assessments tab of the patient record, allows you to fill out a Notification of Pregnancy Assessment.
3. Click the **Fill Out Now!**
4. A confirmation appears confirming the submittal, stating the assessment information displays within 24 hours

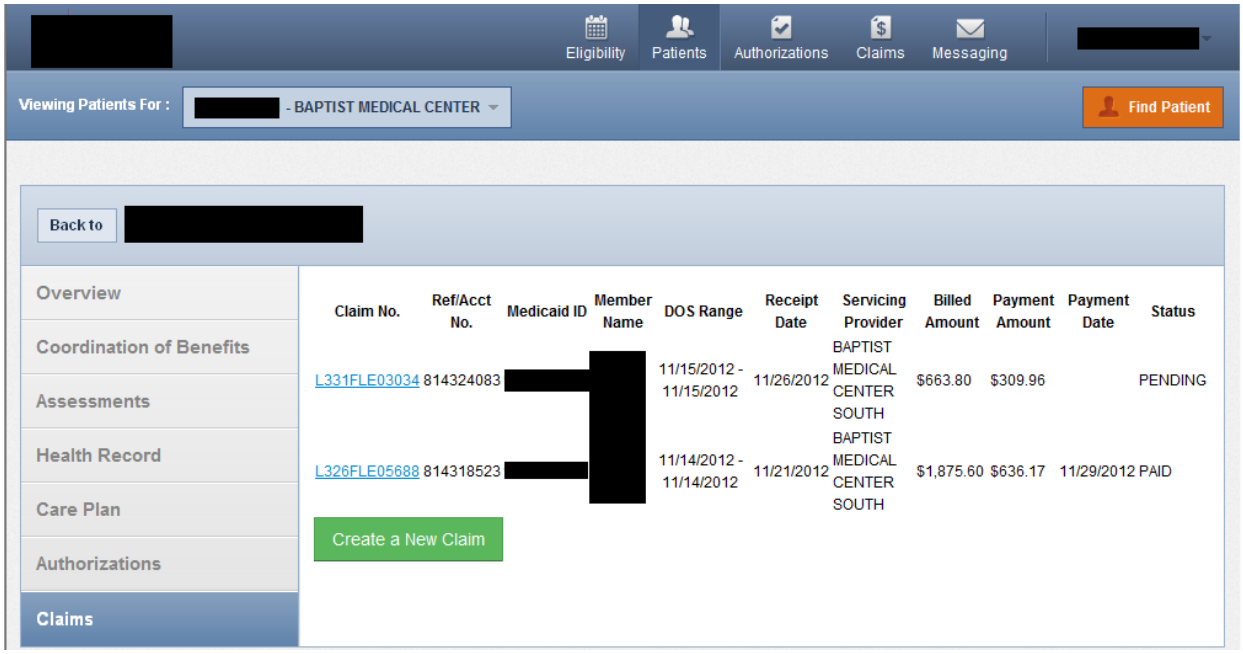
Health Record


Back to [redacted]
Overview
Coordination of Benefits
Assessments
Health Record
Care Plan
Authorizations
Claims
Visits
Medications
Primary Diagnosis | Date | Visit Type | Facility/Provider
Other Convulsions | 11/19/2012 - 11/19/2012 | Outpatient Hospita | Baptist Medical Center South
Other Convulsions | 11/19/2012 - 11/19/2012 | Outpatient Hospita | Hammond, David N.
Other Convulsions | 05/06/2012 - 05/06/2012 | Ambulance - Lan | Board Co Comm Clay Co Rescue
Syncope And Collapse | 05/06/2012 - 05/06/2012 | Emergency Room - Hospita | Delacruz, Rick
Other Convulsions | 04/18/2012 - 04/18/2012 | Ambulance - Lan | City Of Jacksonville Fire Rescue
Anxiety State, Unspecified | 04/18/2012 - 04/18/2012 | Emergency Room - Hospita | Baptist Medical Center South
Anxiety State, Unspecified | 04/18/2012 - 04/18/2012 | Emergency Room - Hospita | Mayer, Suman
Injury Oth&Uns Oth Spec Site W/Mx | 04/16/2012 - 04/16/2012 | Ambulance - Lan | City Of Jacksonville Fire Rescue
Head Injury, Unspecified | 04/16/2012 - 04/16/2012 | Emergency Room - Hospita | Baptist Medical Center South
Unspecified Chest Pain | 04/16/2012 - 04/16/2012 | Emergency Room - Hospita | Deflorio, Robert

1. Inside the patient record, select **Health Record** on the left.
2. The Health Record tab allows you to view a record of visits or medications for the patient.
3. Click on **Visits** to view any visit information (i.e. Office Visits, ER visits, etc.) for the patient.
4. Click on **Medications** to view any medication information (i.e. Medications prescribed to a Member) for the patient.

***Visits and Medications appearing in the Patient Record are based on the last 18 months of claims data.


Back to [redacted]
Overview
Coordination of Benefits
Assessments
Health Record
Care Plan
Authorizations
Claims
Visits
Medications
Fill Date | Drug Name | Dose | Quantity | Dispensing Pharmacy
04/30/2012 | Betamethasone Dipropionate Cream 0.05% | 0 % | 45 | WALGREEN DRUG STORE
11/09/2012 | Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML | N/A | 125 | PUBLIX PHARMACY
10/11/2012 | Azithromycin For Susp 100 MG/5ML | 100 MG/5ML | 15 | PUBLIX PHARMACY
05/09/2012 | Cefprozil For Susp 250 MG/5ML | 250 MG/5ML | 100 | PUBLIX PHARMACY
10/06/2012 | Azithromycin For Susp 100 MG/5ML | 100 MG/5ML | 15 | PUBLIX PHARMACY
08/15/2012 | Ofloxacin Ophth Soln 0.3% | 0 % | 5 | PUBLIX PHARMACY
08/15/2012 | Cefprozil For Susp 250 MG/5ML | 250 MG/5ML | 100 | PUBLIX PHARMACY
10/13/2012 | Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML | N/A | 125 | PUBLIX PHARMACY



1. Inside the patient record, select **Claims** on the left.
2. The Claims tab of the patient record allows you to view any recent claims for the patient, and also create a new claim. If the patient has any recent claims, they display on this tab.
3. To create a new claim, click the **Create a New Claim** button.

   ***Please reference the Claims section of this manual for additional information on how to create a new claim through the website.

Authorizations

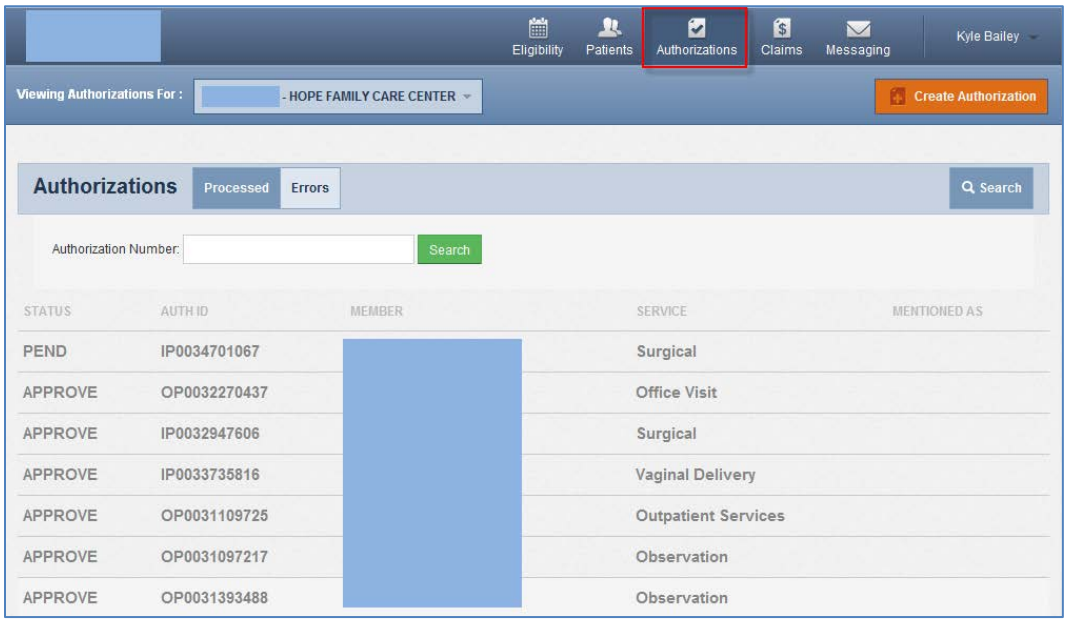
1. Inside the patient record, select **Authorizations** on the left.
2. The Authorizations tab of the patient record allows you to view current authorizations, and create new authorizations for the patient. If there are current authorizations for this patient, they display on this tab.
3. To create a new authorization, click the **Create a New Authorization** button.

   ***Please reference the Authorizations section of this manual for additional information on how to create a new authorization on the website.

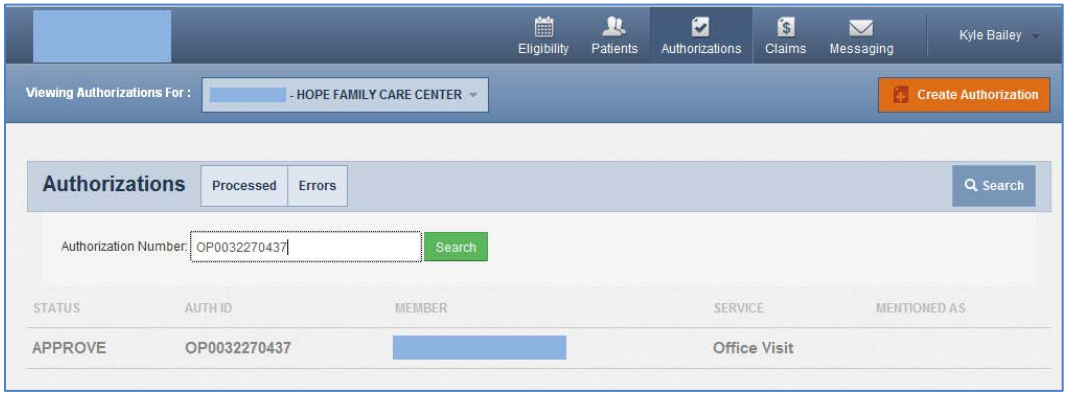
Authorizations

To view an authorization:

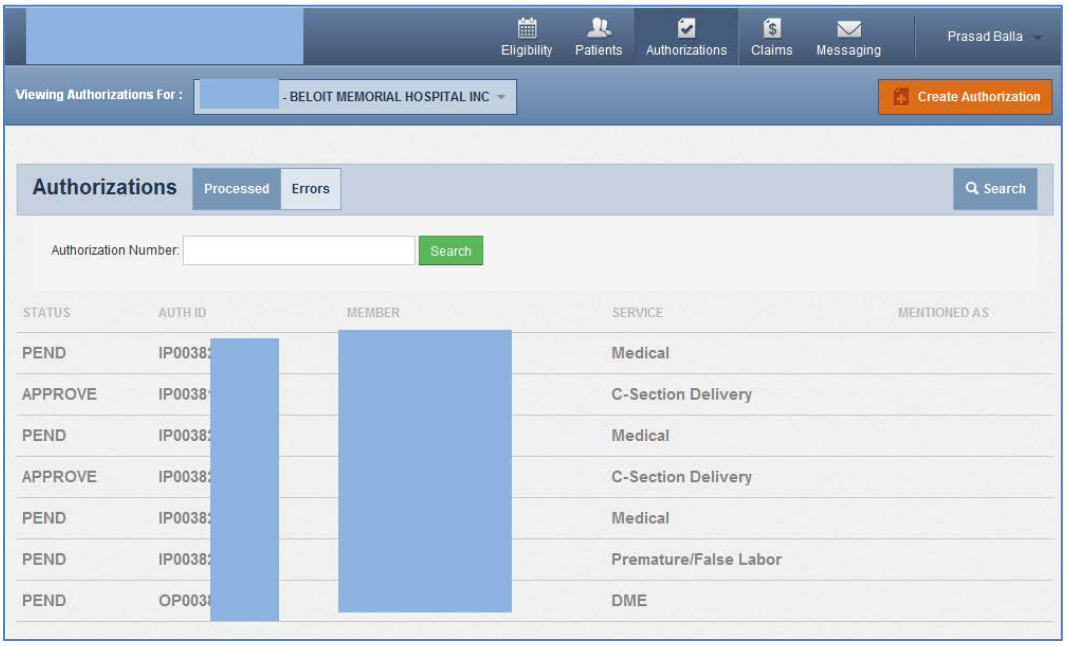
1. Log in to the secure website.
2. Select **Authorizations** at the top of your screen.



3. To view an authorization that has been processed, enter the **Authorization Number** in the field, and click **Search**.



4. The Authorization Status, Auth ID, Member Name, Type of Service, and Mentioned As details display.



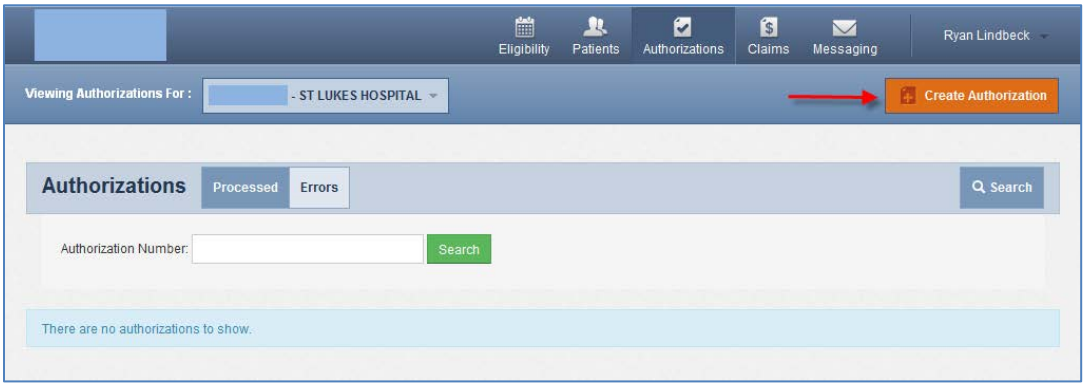
5. To view Processed Authorizations, select **Processed**. You see a list of authorizations that have been processed, along with the Status, Auth ID, Member Name, and Service provided.

6. To view Authorizations which have errors, select **Errors**. You see a list of authorizations that have a Status of Error, along with the Auth ID, Member Name, Service provided, and Mentioned As information.

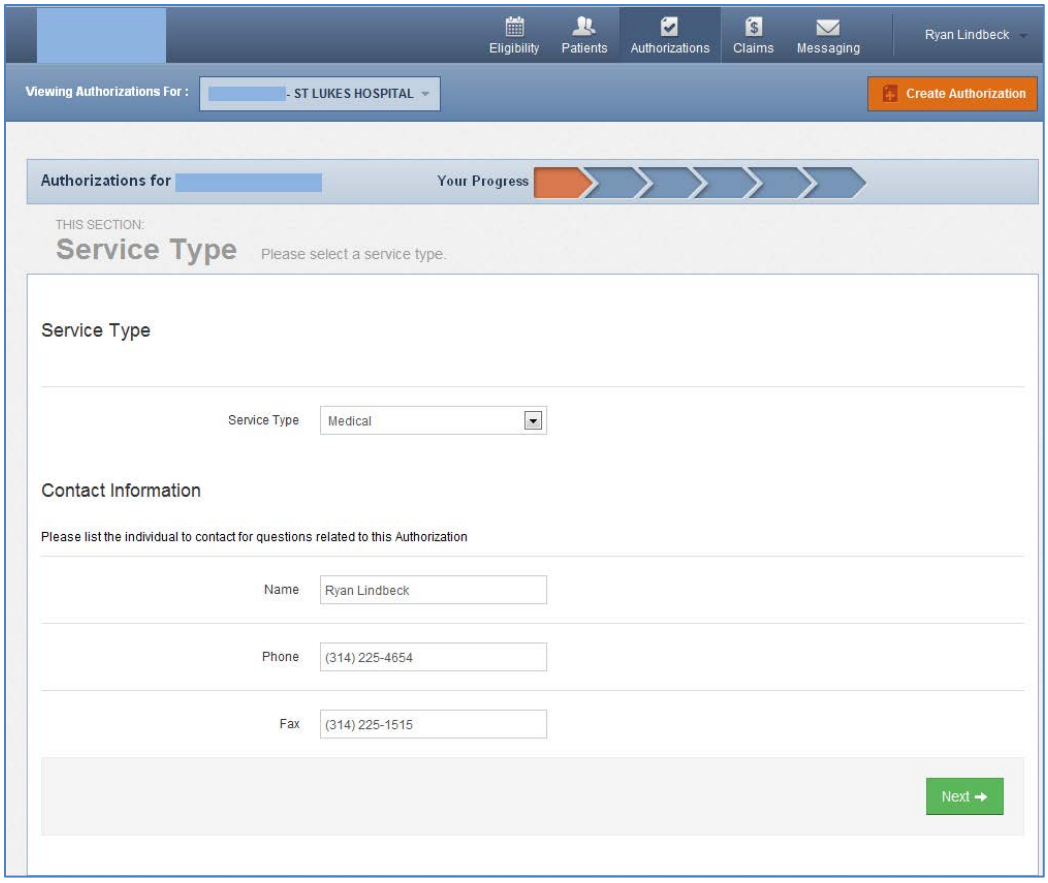
Create Authorizations

To create an authorization:

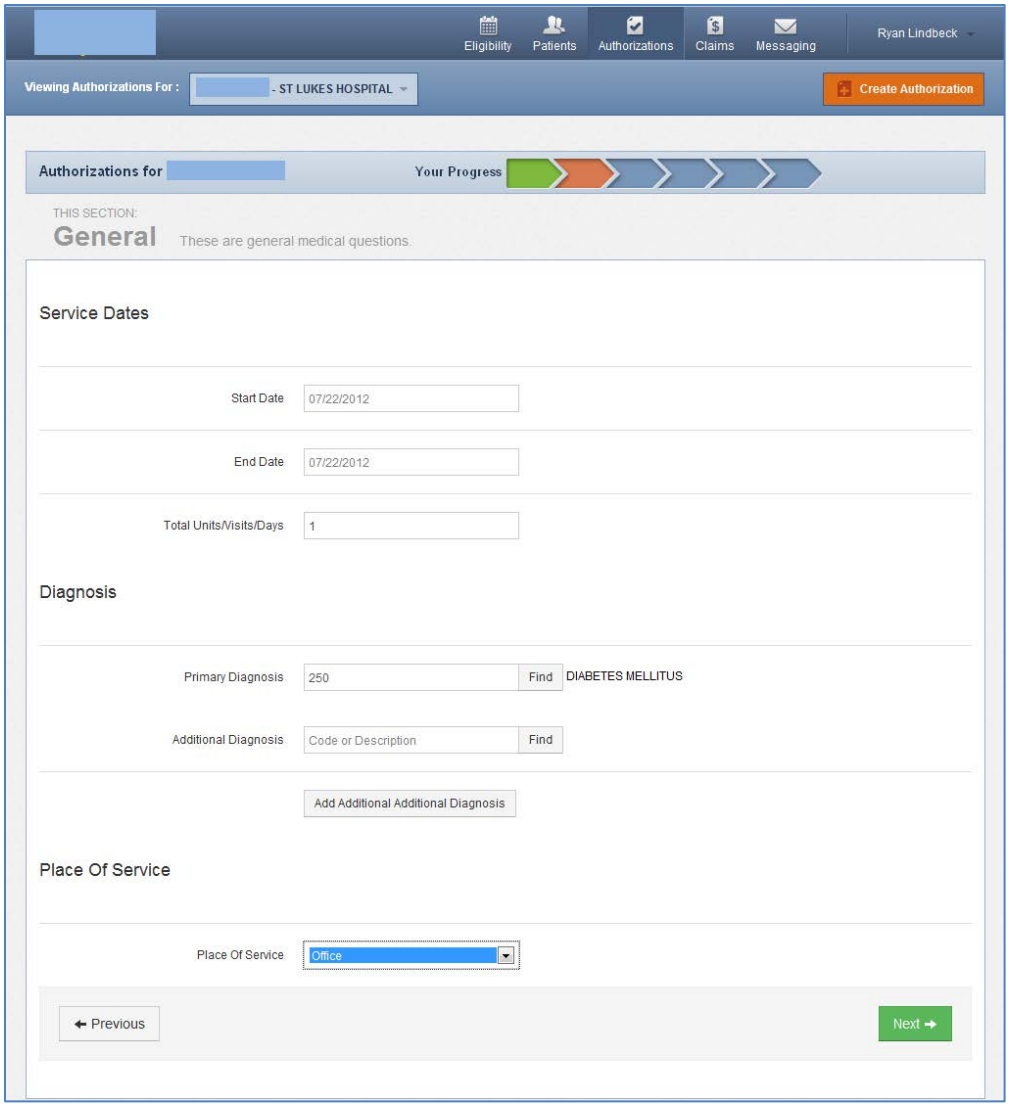
1. Log in to the secure website.
2. Select **Authorizations** at the top of the screen.



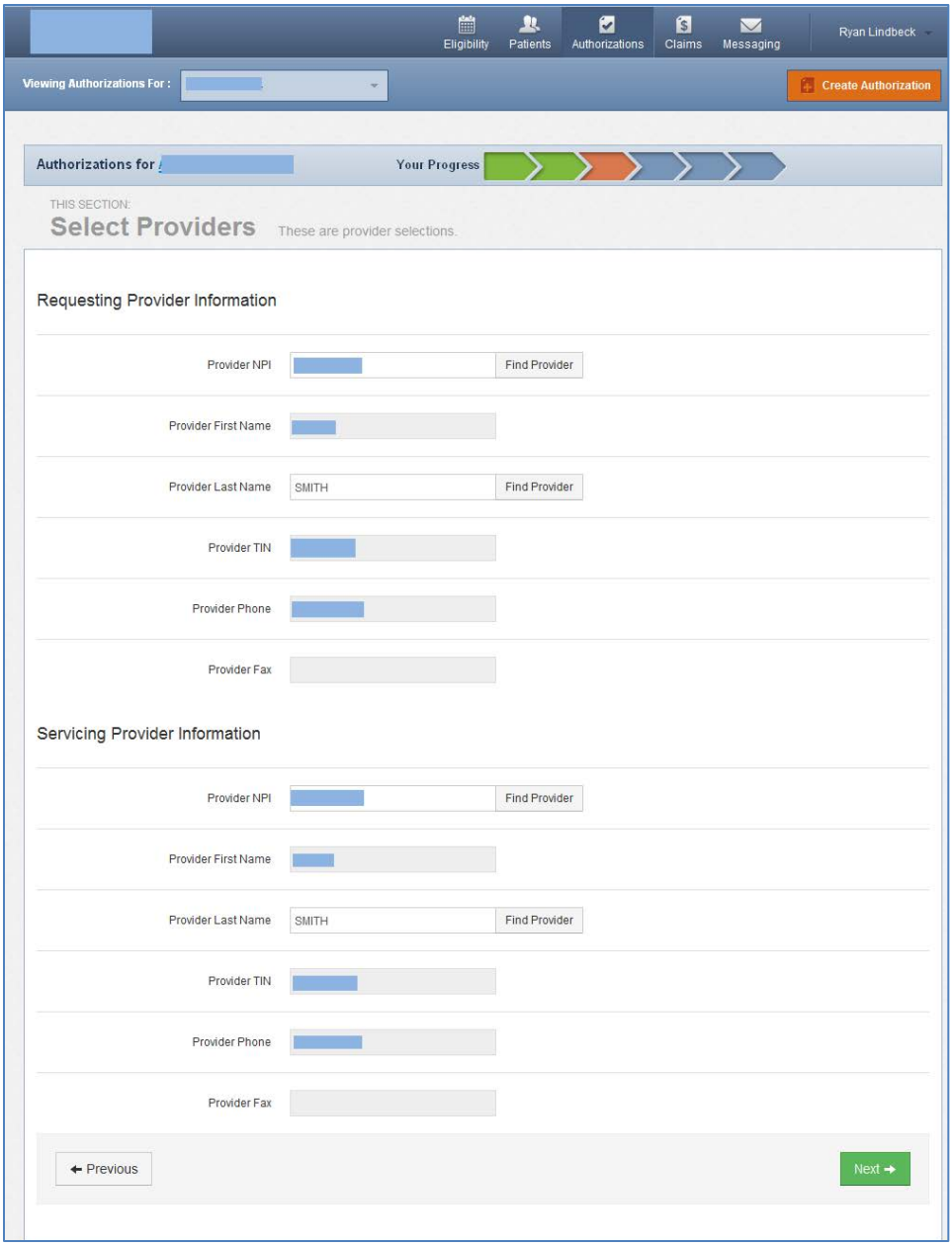
3. Click **Create Authorization**.
4. Enter the patient's Member ID/Last Name and DOB. Click **Find**.
5. Populate the 6 sections of the Authorizations with the appropriate information starting with the Service Type section.



6. Select a **Service Type** from the drop-down list.
7. Enter the Contact Information of an individual to contact for questions related to the Authorization being requested.
8. Click **Next**.



9. Enter the Service Start Date and End Date.
10. Enter the Total Units/Visits/Days for the service.
11. Enter the Primary Diagnosis and Additional Diagnosis by typing the code or description in the field and clicking **Find**.
12. After the diagnosis is found, it appears to the right of the field.
13. To **Add Additional Additional Diagnosis**, click the button.
14. Select the Place of Service from the drop-down options.
15. Click **Next**.

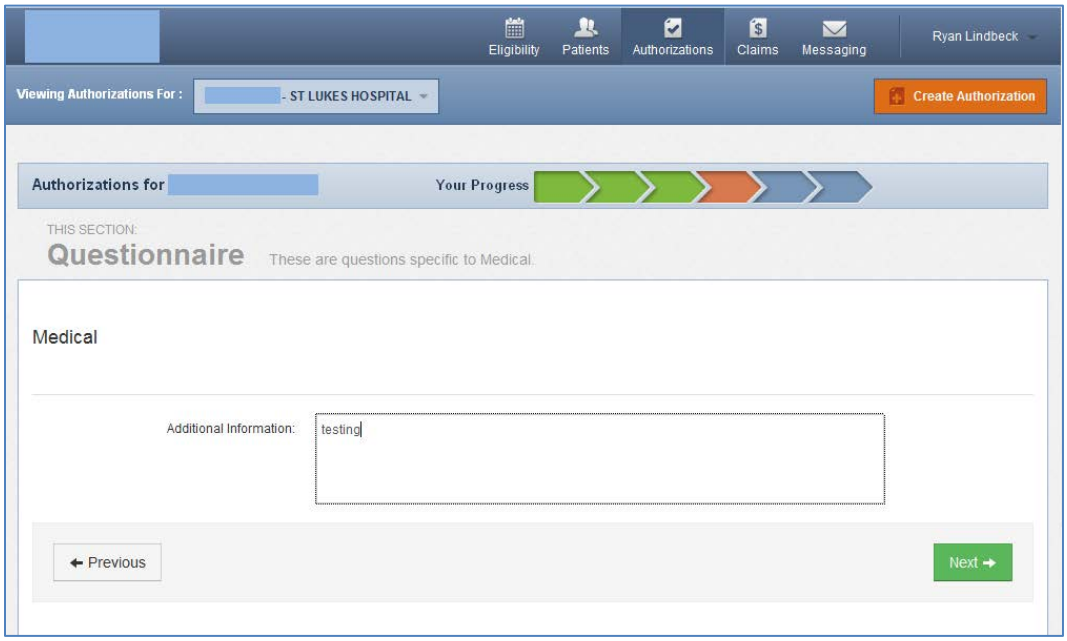


16. Enter the Requesting Provider Information using either the Provider NPI or Provider Last Name to Find the Provider.

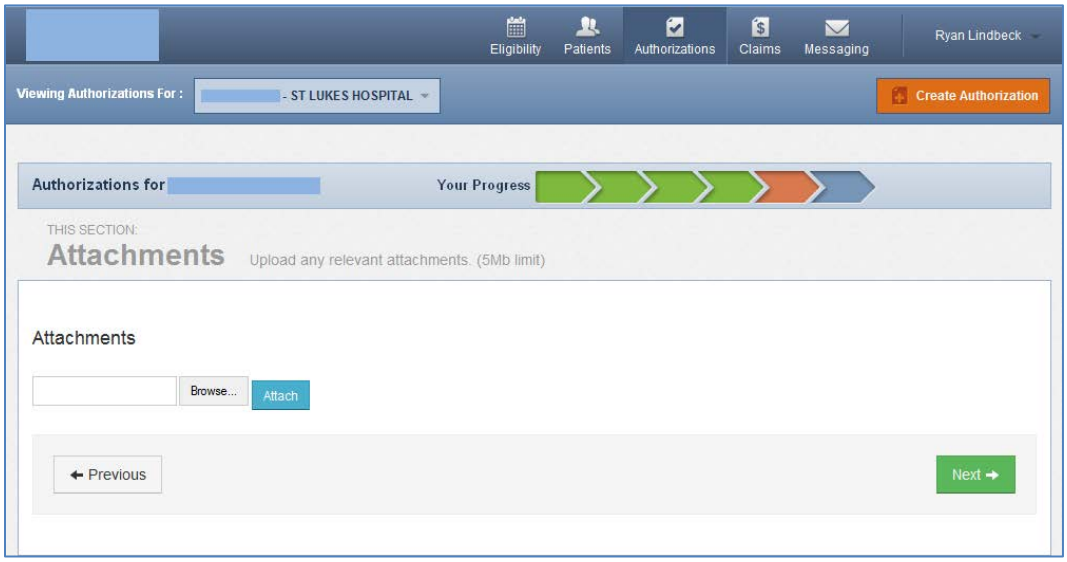
    ***Enter either the Provider NPI or Provider Last Name and click Find Provider to initiate your search. Once the Provider Name is found and selected, the remaining fields will populate.

17. Select your **Provider** from the list of results.
18. Enter the Servicing Provider Information using NPI or First Name, Last Name to Find the Provider.

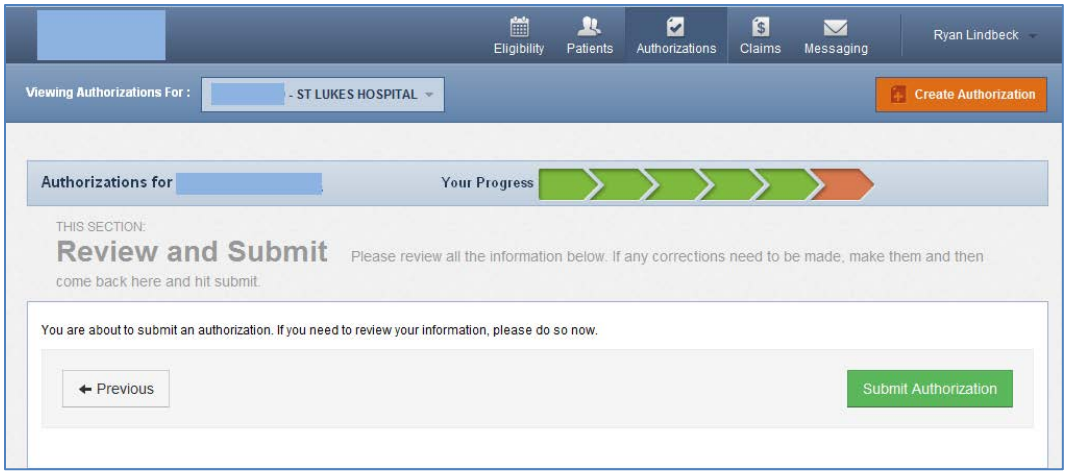
19. Click **Next**.



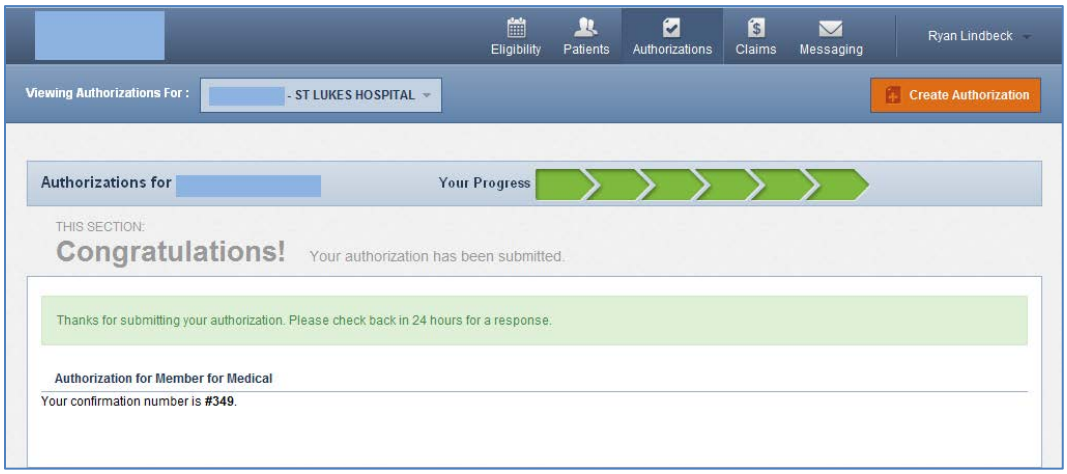
20. Enter Additional Information in the Questionnaire section.
21. Click **Next**.



22. Browse and Attach any relevant documents (i.e. Medical Records) for this authorization.
23. Click **Next**.


Eligibility
Patients
Authorizations
Claims
Messaging
Ryan Lindbeck
Viewing Authorizations For :
- ST LUKES HOSPITAL
Create Authorization
Authorizations for
Your Progress
THIS SECTION:
Review and Submit
Please review all the information below. If any corrections need to be made, make them and then come back here and hit submit.
You are about to submit an authorization. If you need to review your information, please do so now.
Previous
Submit Authorization

24. In the Review and Submit section, review your information and make any corrections that are necessary.
25. Click **Submit Authorization**.

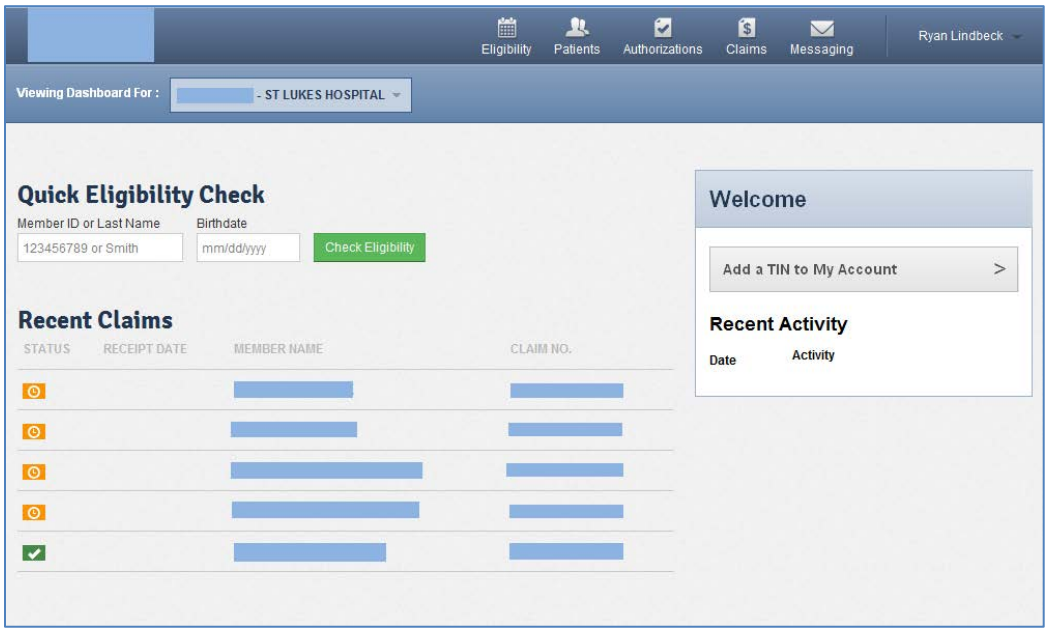


26. The confirmation number for your Authorization submittal appears.

***Please check back for response to your authorization within 24 hours.

Claims

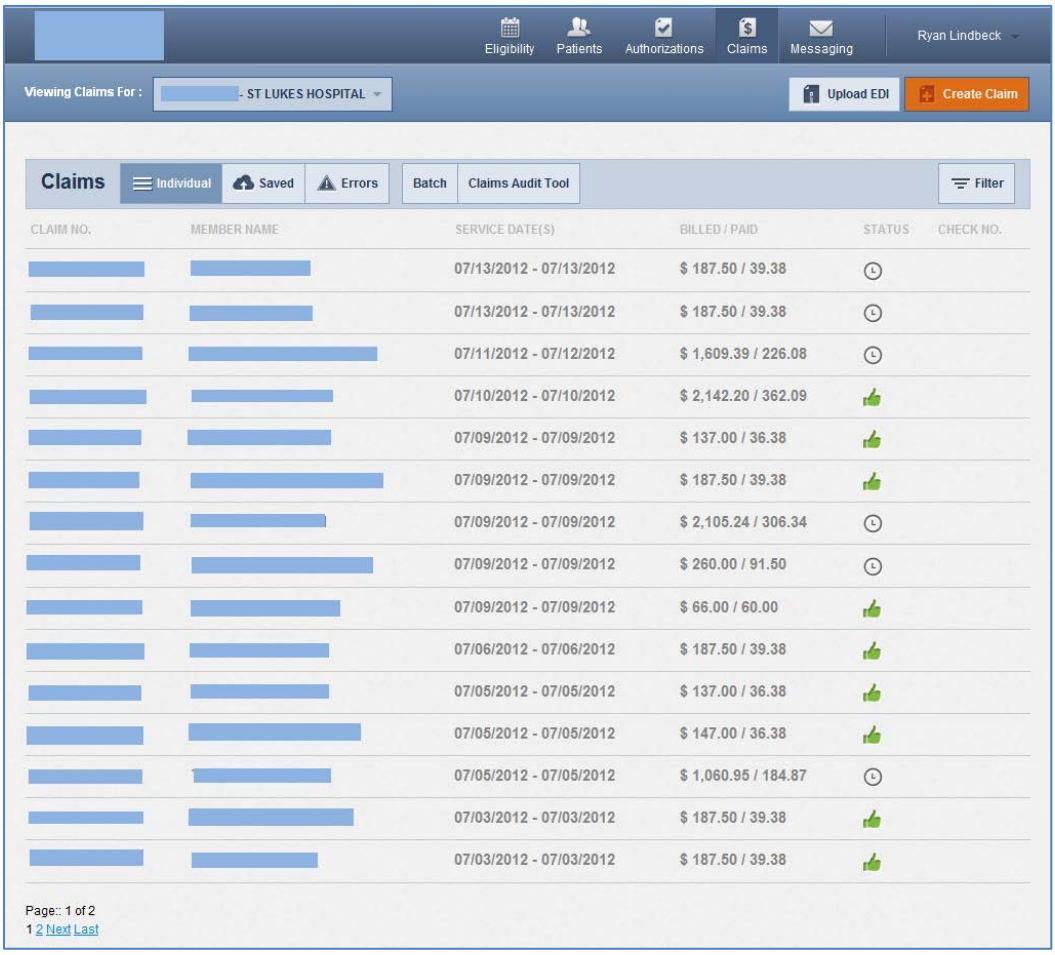
To view the most recent submitted claims:



1. Log in to the secure website. On the Dashboard you see the 5 most Recent Claims displayed.
2. To view additional claims, click **Claims** at the top of the screen.

To view all claims submitted:

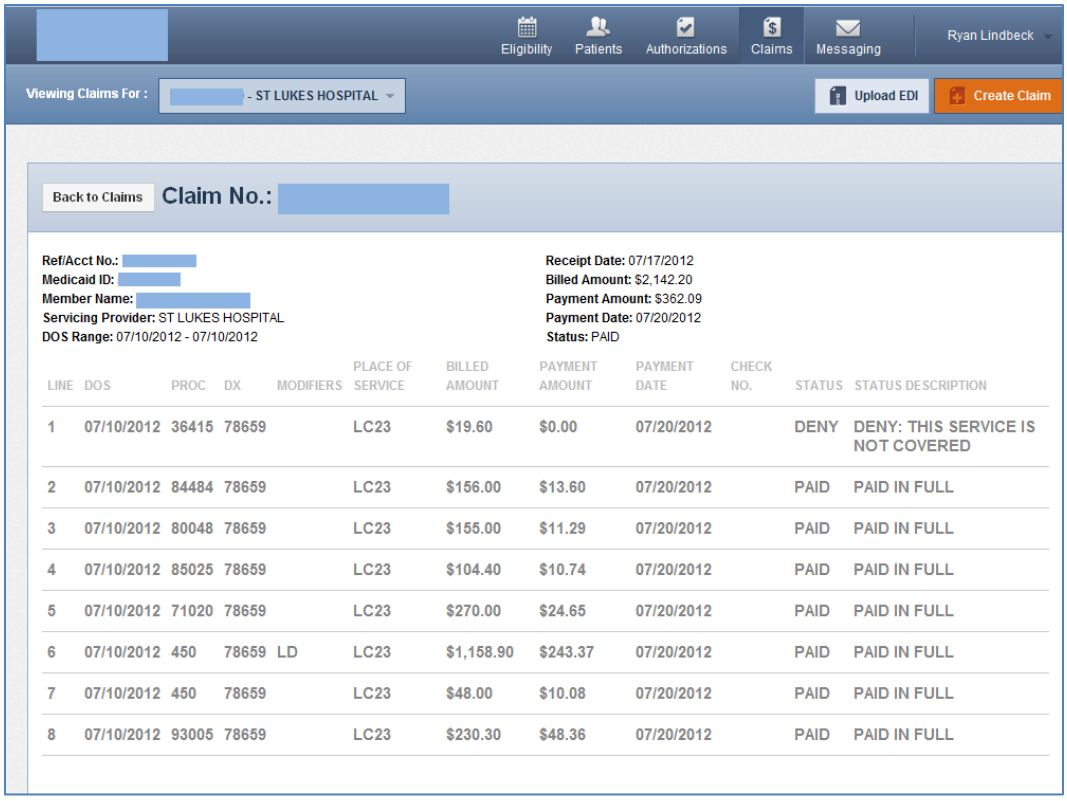
1. Click **Claims** at the top of the screen, and select **Individual**.



2. The list of individual claims appears displaying the Claim Number, Member Name, Service Date, Amounts Billed/Paid, Status, and Check Number.

   ***Hover your mouse over the Status column and a Paid or Pending status displays.

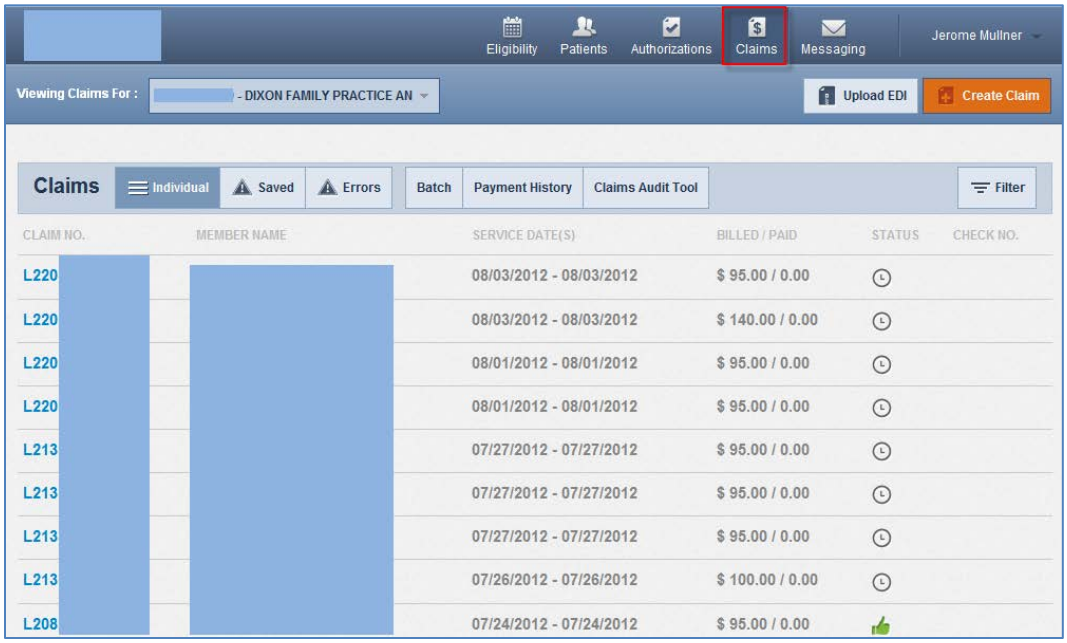
3. To view the details of the Individual claim, click the blue **Claim Number** to open the claim.


Eligibility
Patients
Authorizations
Claims
Messaging
Ryan Lindbeck
Viewing Claims For :
- ST LUKES HOSPITAL
Upload EDI
Create Claim
Back to Claims
Claim No.:
Ref/Acct No.:
Medicaid ID:
Member Name:
Servicing Provider: ST LUKES HOSPITAL
DOS Range: 07/10/2012 - 07/10/2012
Receipt Date: 07/17/2012
Billed Amount: $2,142.20
Payment Amount: $362.09
Payment Date: 07/20/2012
Status: PAID
LINE DOS PROC DX MODIFIERS PLACE OF SERVICE BILLED AMOUNT PAYMENT AMOUNT PAYMENT DATE CHECK NO. STATUS STATUS DESCRIPTION
1 07/10/2012 36415 78659 LC23 $19.60 $0.00 07/20/2012 DENY DENY: THIS SERVICE IS NOT COVERED
2 07/10/2012 84484 78659 LC23 $156.00 $13.60 07/20/2012 PAID PAID IN FULL
3 07/10/2012 80048 78659 LC23 $155.00 $11.29 07/20/2012 PAID PAID IN FULL
4 07/10/2012 85025 78659 LC23 $104.40 $10.74 07/20/2012 PAID PAID IN FULL
5 07/10/2012 71020 78659 LC23 $270.00 $24.65 07/20/2012 PAID PAID IN FULL
6 07/10/2012 450 78659 LD LC23 $1,158.90 $243.37 07/20/2012 PAID PAID IN FULL
7 07/10/2012 450 78659 LC23 $48.00 $10.08 07/20/2012 PAID PAID IN FULL
8 07/10/2012 93005 78659 LC23 $230.30 $48.36 07/20/2012 PAID PAID IN FULL

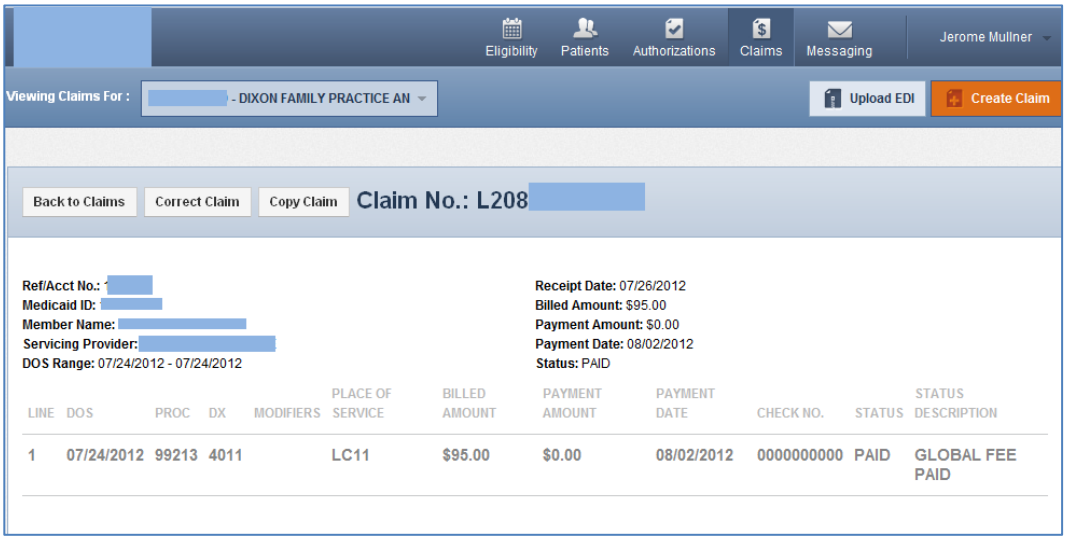
4. The Claim Details appear allowing you to see which services were covered and which were denied. You can view the payment amount and payment date, along with check number.
5. To return to the list of claims, click the **Back to Claims** button.

Correct Claim

To correct a claim:

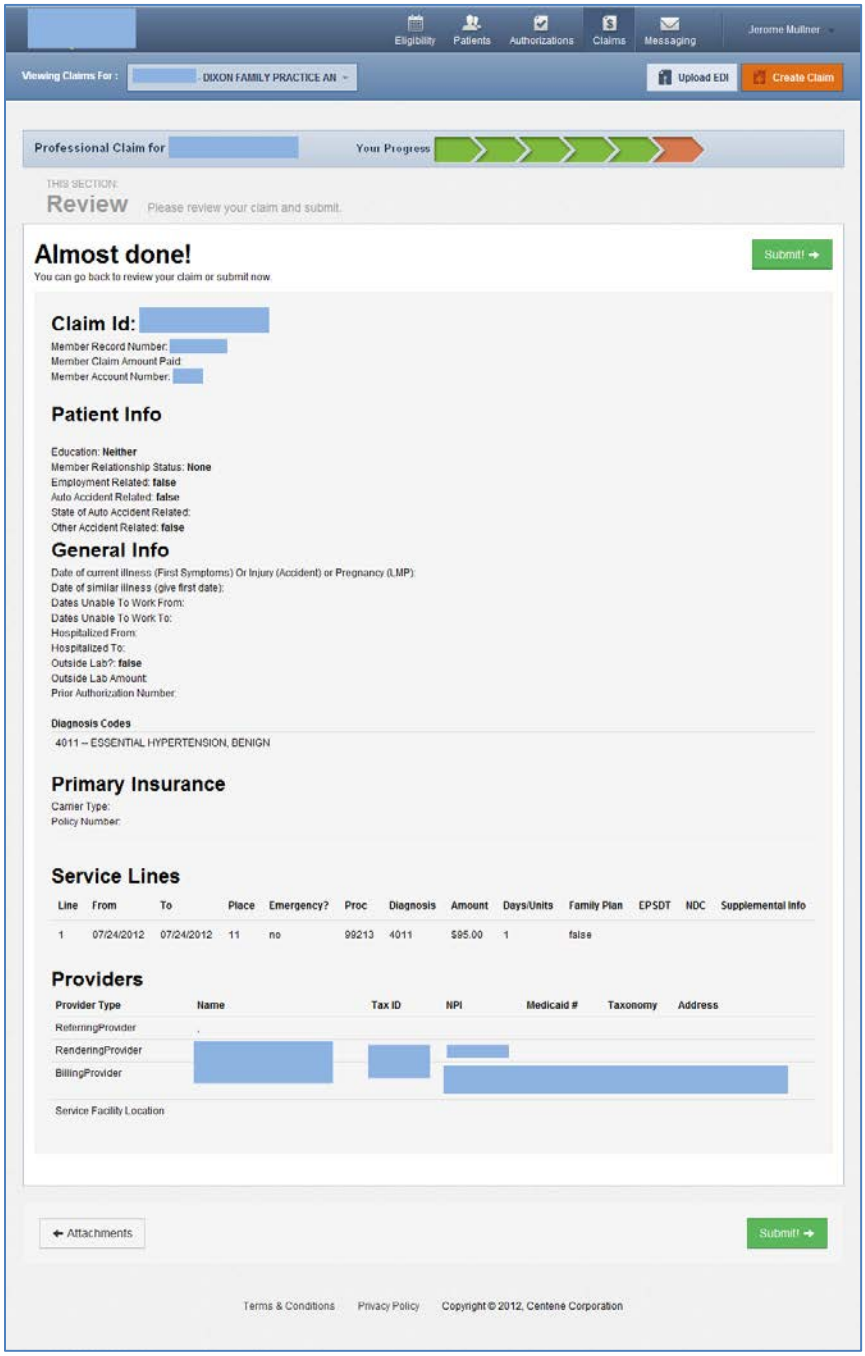


1. Click **Claims** at the top of the screen.
2. Select an individual paid claim to see the details.

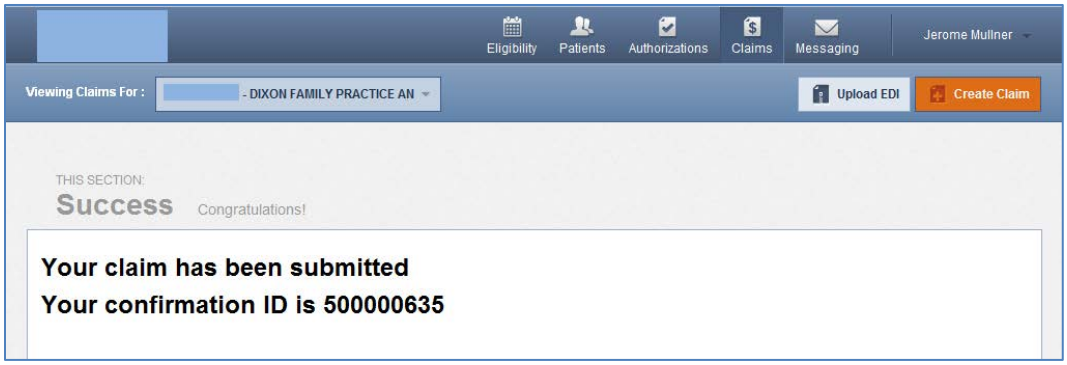


3. The claim displays for you to correct as needed. Click **Correct Claim**.

4. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
5. Continue clicking **Next** to move through the screens required to resubmit.



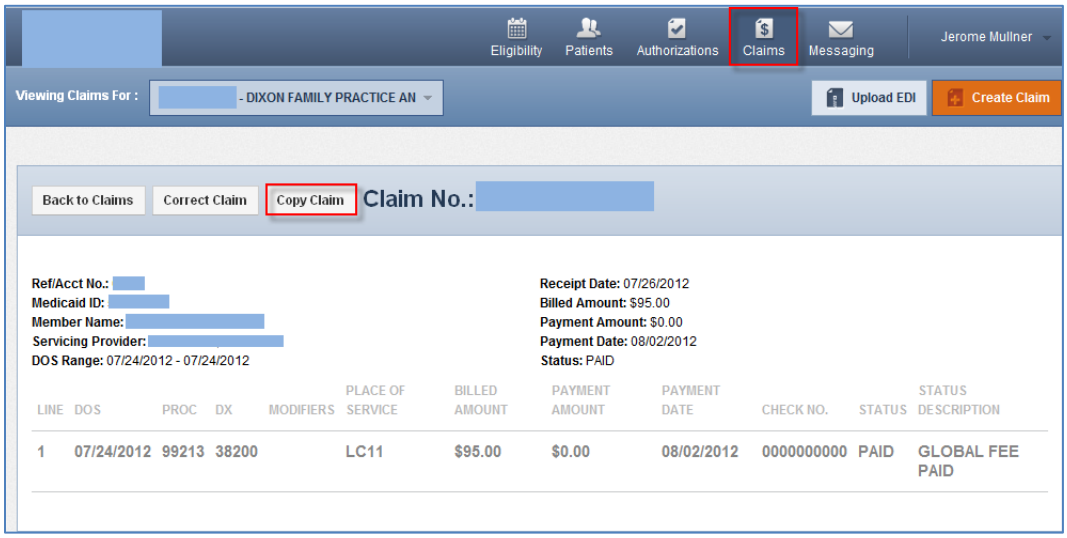
6. Review the claim information you have corrected before clicking **Submit**.



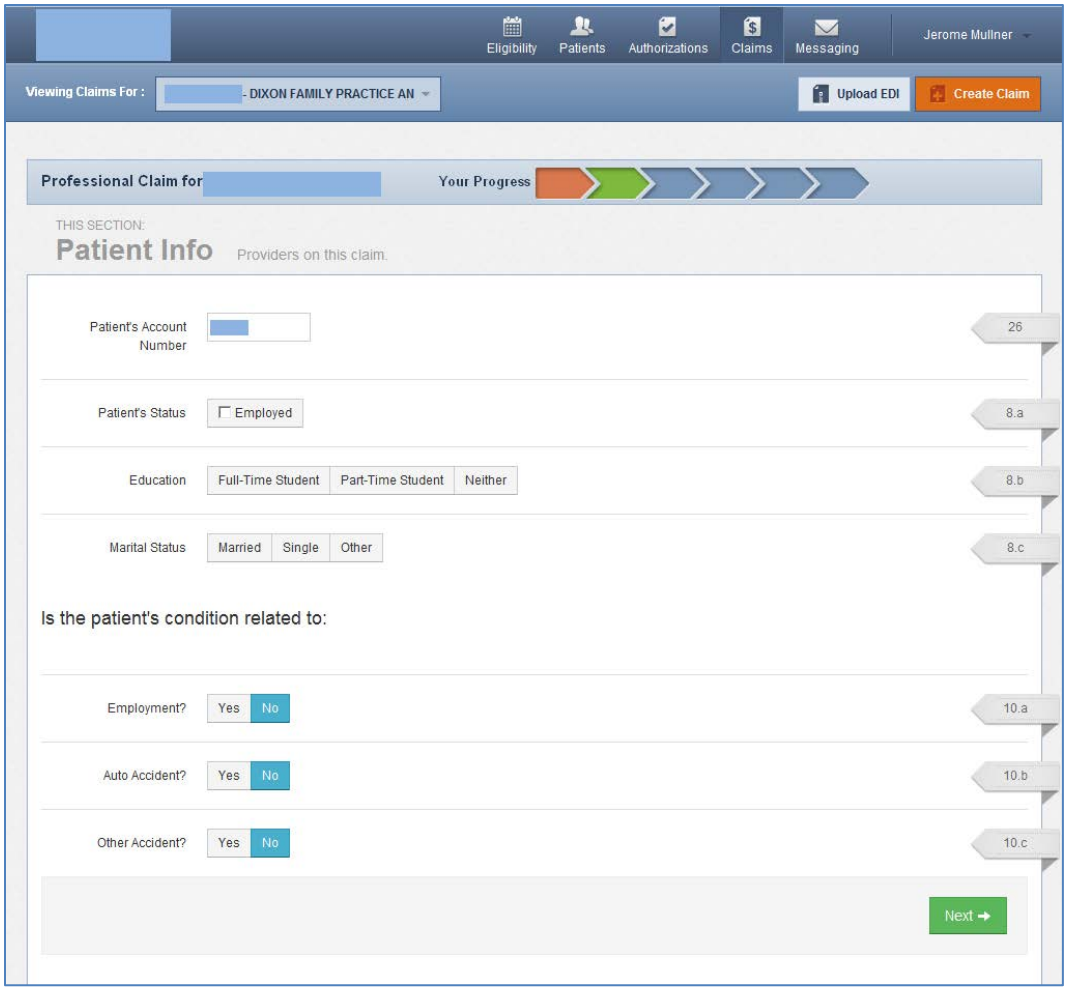
7. You receive a success message confirming your submittal.

Copy Claim

To copy an existing claim:



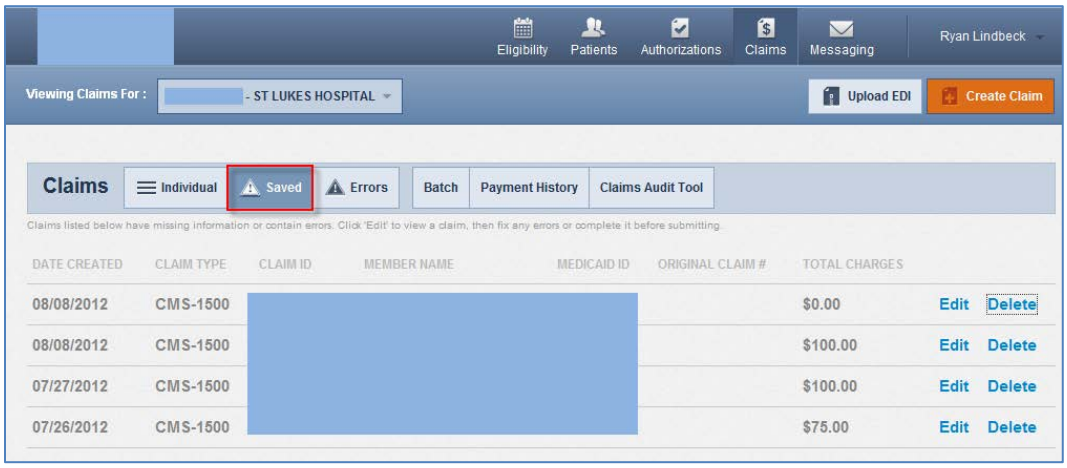
1. Select **Claims** at the top of the screen.
2. Click on an **Individual claim** to open the details.
3. Click **Copy Claim** to copy the information in the existing claim into a new claim.



4. The copied claim information appears. Proceed through the claims screens updating any information that may differ.
5. Click **Next** to move through the screens.
6. Review your claim and click **Submit**.
7. A success message appears confirming your submittal.

Saved Claims

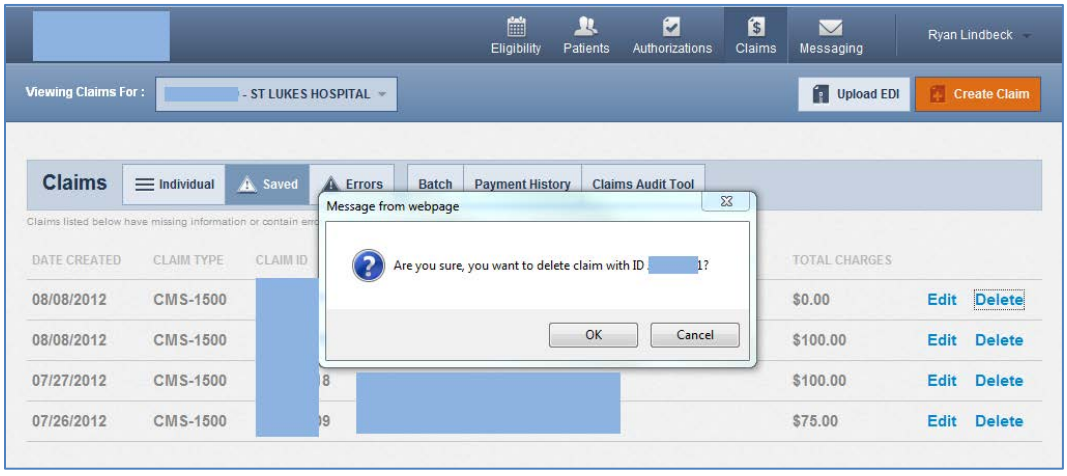
To view saved claims:



1. Click **Claims** at the top of the screen.
2. Select **Saved**.

   ***Saved claims are those that have missing information or contain errors.

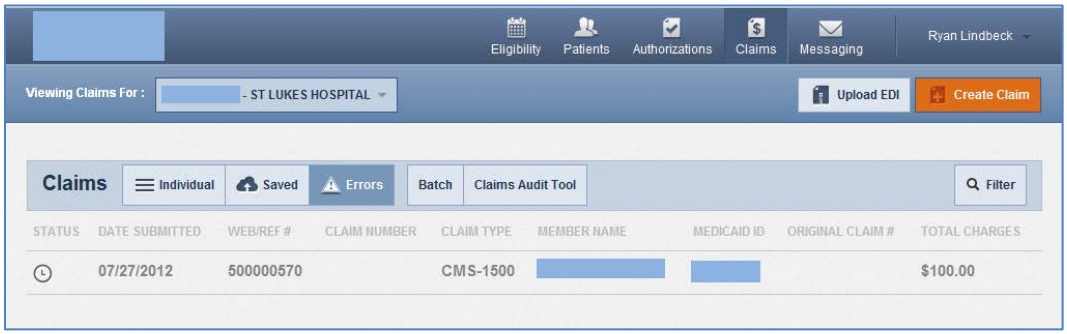
3. Click **Edit** to view a claim, then fix any errors or complete it before submitting.



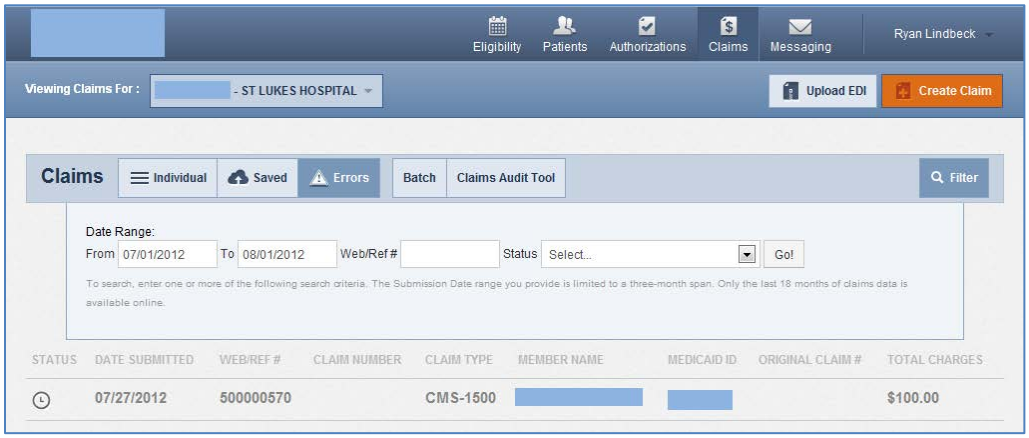
4. Click **Delete** to delete a saved claim that is no longer necessary. Click **OK** to confirm the deletion.

Claim Errors

1. Log in to the secure website.
2. Select **Claims** at the top of the screen.



3. Click on **Errors** to see any claims submitted that may have encountered errors in processing.
4. If you receive multiple results, filter the list by clicking the **Filter** button.



5. To filter the list of claim errors, enter either one or more of the following search criteria: Date Range, Web/Ref#, and/or Status.
6. Click **Go!**

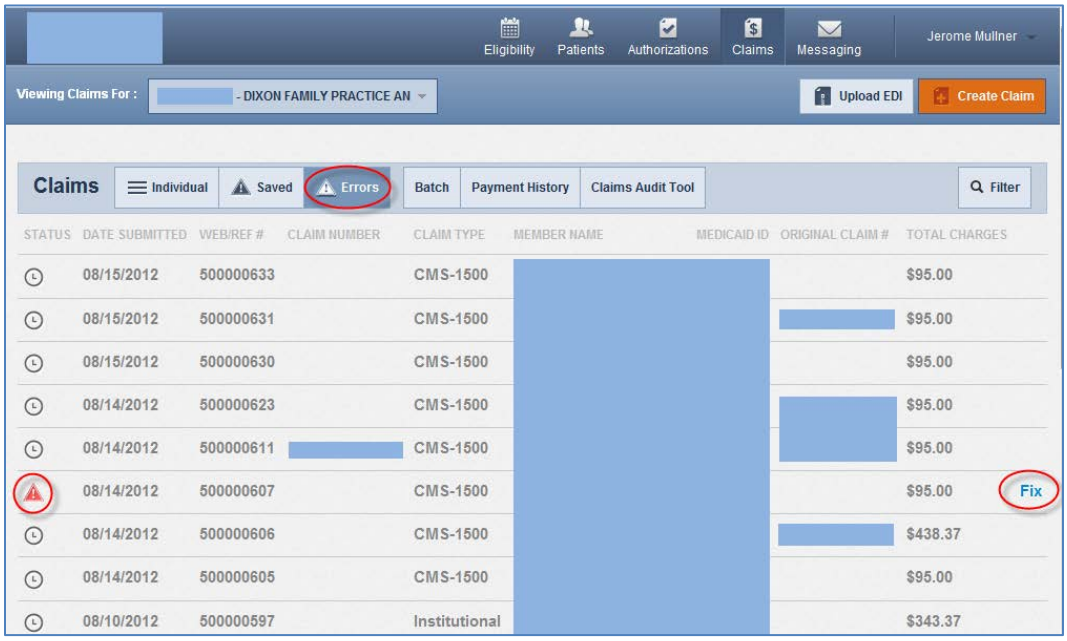
***Note: The Submission Date range you provide is limited to a three-month span. Only the last 18 months of claims data is available online.

7. The filtered list appears allowing you to click on the Claim Number to open the claim to identify the errors.

Fix a Claim

To fix a rejected claim:

1. Select **Claims** at the top of the screen.
2. Click **Errors** to see the rejected and pended claims.

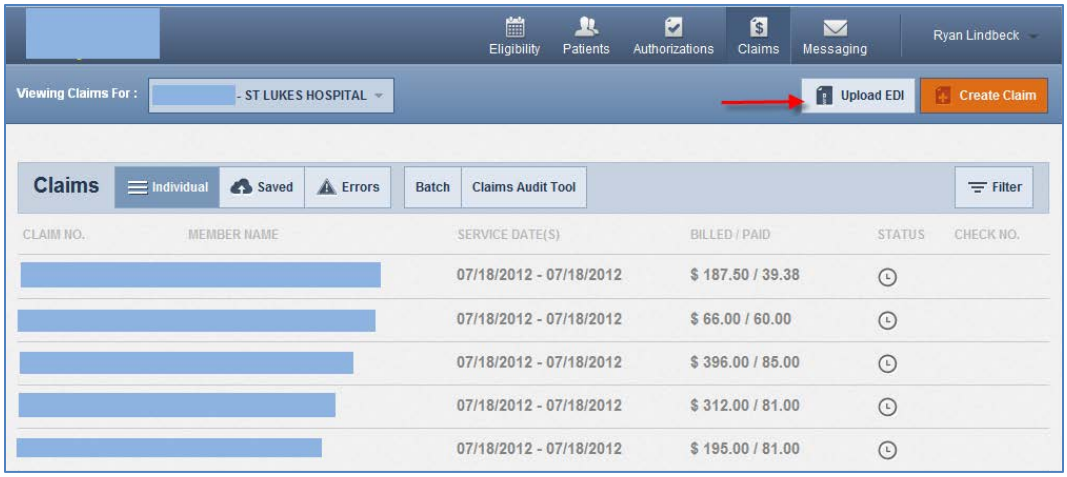


3. The list of claims appears, and in the Status column you see a Caution icon indicating a Rejected Claim.
4. In the far right column, you see a Fix link. Click the **Fix** link.
5. Proceed through the screens fixing any errors or reasons the claim may have been rejected.
6. Review and **Submit** the claim again.

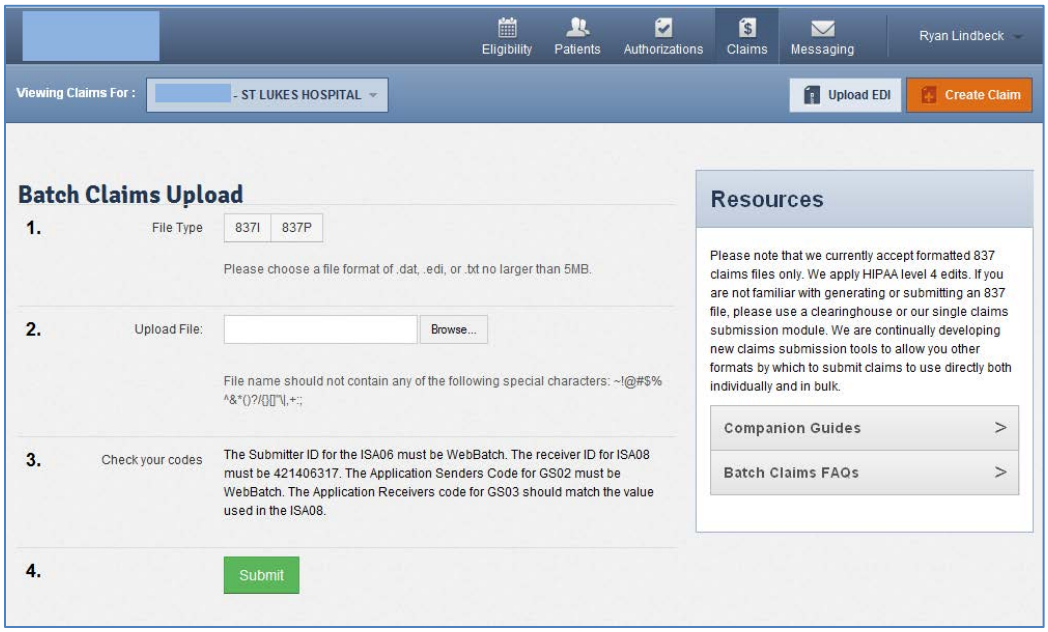
Batch Claims

To upload batch claims:

1. Log in to the secure website.
2. Click **Claims** at the top of the screen.



3. To upload a batch of claims, click the **Upload EDI** button.

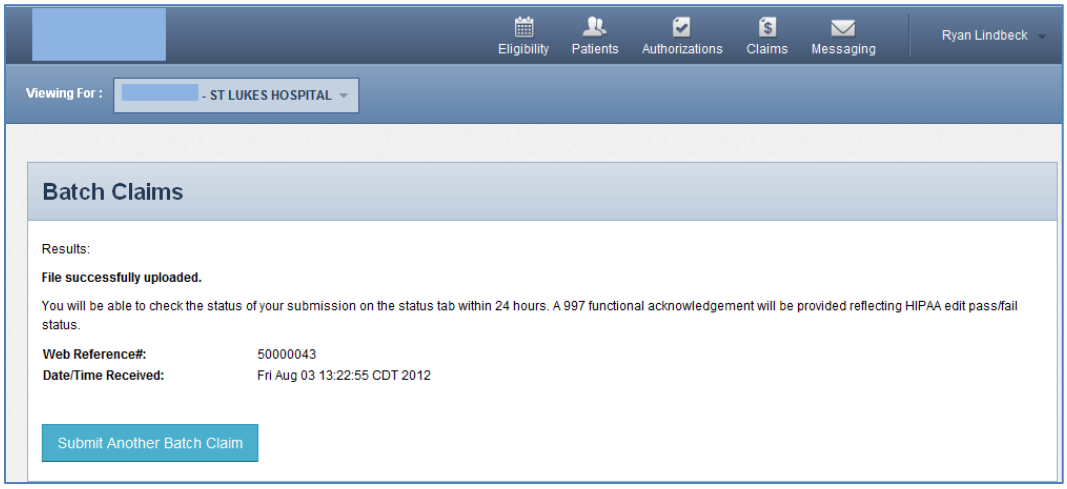

Eligibility
Patients
Authorizations
Claims
Messaging
Ryan Lindbeck
Viewing Claims For :
- ST LUKES HOSPITAL
Upload EDI
Create Claim
Batch Claims Upload
1.
File Type
837I
837P
Please choose a file format of .dat, .edi, or .txt no larger than 5MB.
2.
Upload File:
Browse...
File name should not contain any of the following special characters: ~!@#$% ^&*()?/{}[]"\|,+:;
3.
Check your codes
The Submitter ID for the ISA06 must be WebBatch. The receiver ID for ISA08 must be 421406317. The Application Senders Code for GS02 must be WebBatch. The Application Receivers code for GS03 should match the value used in the ISA08.
4.
Submit
Resources
Please note that we currently accept formatted 837 claims files only. We apply HIPAA level 4 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.
Companion Guides
Batch Claims FAQs

4. On the Batch Claims Upload screen, select the File Type of either **837I** or **837P**.

   ***For an Institutional Claims batch upload select 837I, for a Professional Claims batch upload select 837P.

5. Browse and **Attach** your batch claims file to upload. Be sure to check your codes before you click **Submit**.

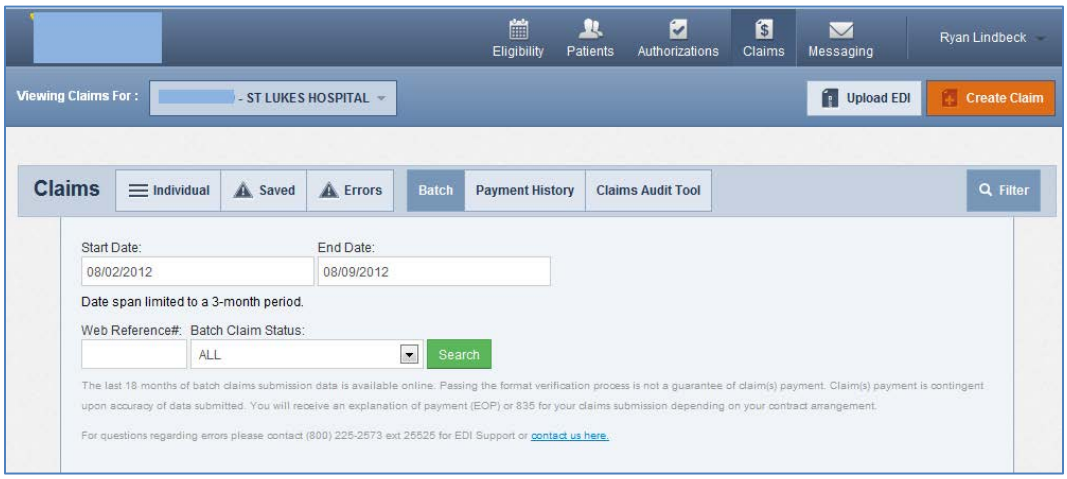
   ***Note: On the batch claims upload screen, companion guides and a list of FAQs are provided as resources. An EDI Support telephone line and email address is provided for additional support with EDI files.


Eligibility
Patients
Authorizations
Claims
Messaging
Ryan Lindbeck
Viewing For :
- ST LUKES HOSPITAL
Batch Claims
Results:
File successfully uploaded.
You will be able to check the status of your submission on the status tab within 24 hours. A 997 functional acknowledgement will be provided reflecting HIPAA edit pass/fail status.
Web Reference#: 50000043
Date/Time Received: Fri Aug 03 13:22:55 CDT 2012
Submit Another Batch Claim

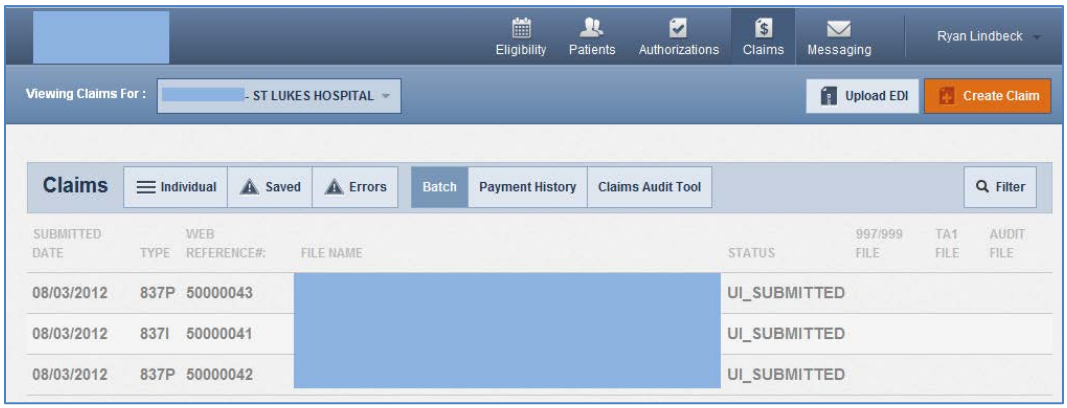
6. When a file is successfully uploaded, the Web Reference ID # is generated for your records.
7. Click **Submit Another Batch Claim** to submit additional batch claims.

To view submitted batch claims:

1. Click **Claims** at the top of the screen.
2. Click **Batch** to view batch claims submitted in a 3-month period.


Eligibility
Patients
Authorizations
Claims
Messaging
Ryan Lindbeck
Viewing Claims For :
- ST LUKES HOSPITAL
Upload EDI
Create Claim
Claims
Individual
Saved
Errors
Batch
Payment History
Claims Audit Tool
Filter
Start Date:
End Date:
08/02/2012
08/09/2012
Date span limited to a 3-month period.
Web Reference#:
Batch Claim Status:
ALL
Search
The last 18 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement.
For questions regarding errors please contact (800) 225-2573 ext 25525 for EDI Support or contact us here.

3. Enter the information to filter your results by Start Date, End Date, Web Reference#, and Batch Claim Status. Click **Search**.

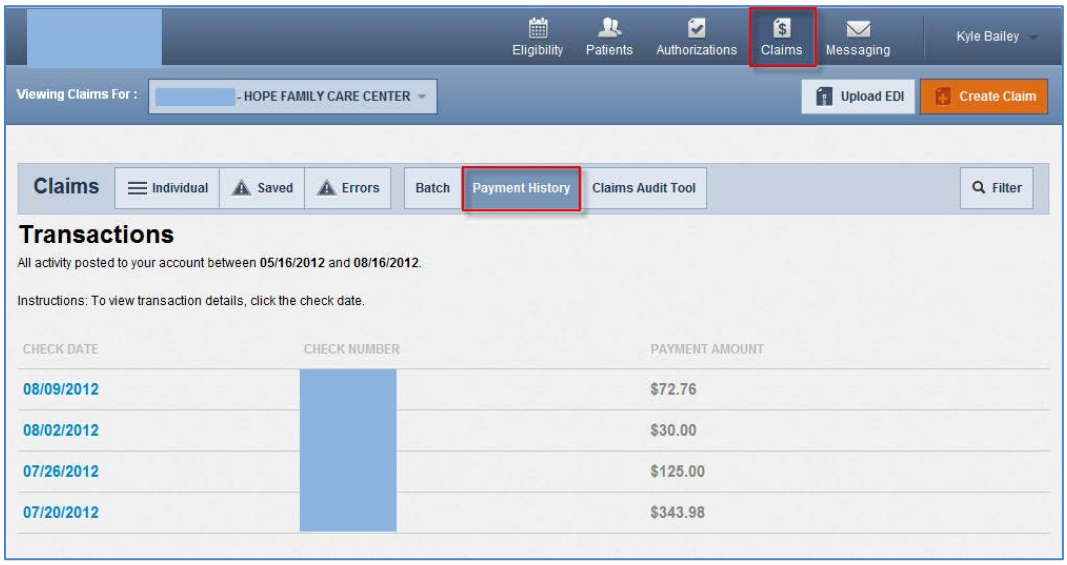


4. The submitted batch claims display showing: Submitted Date, Type, Web Reference #, File Name, and Status.

***Note: Only the last 18 months of batch claims submission history is available online. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement.

Payment History

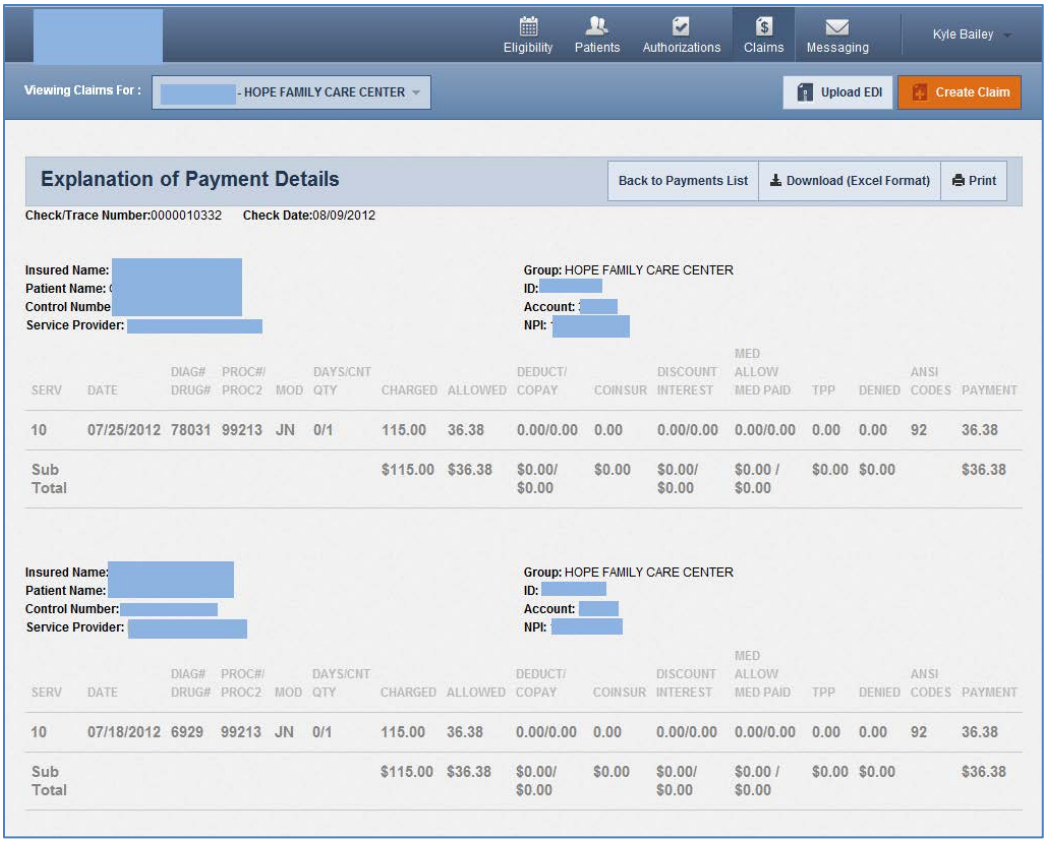
To view claims payment history:



1. Click **Claims** at the top of your screen.
2. Select **Payment History** to view the claims payment history.
3. Click the **Filter** button to enter search criteria such as: Check/Trace Date, Amount Range, and/or Check/Trace number.
4. Click **Search**.

   ***For best results, enter the date range to include 2 days before and 2 days after the targeted date.

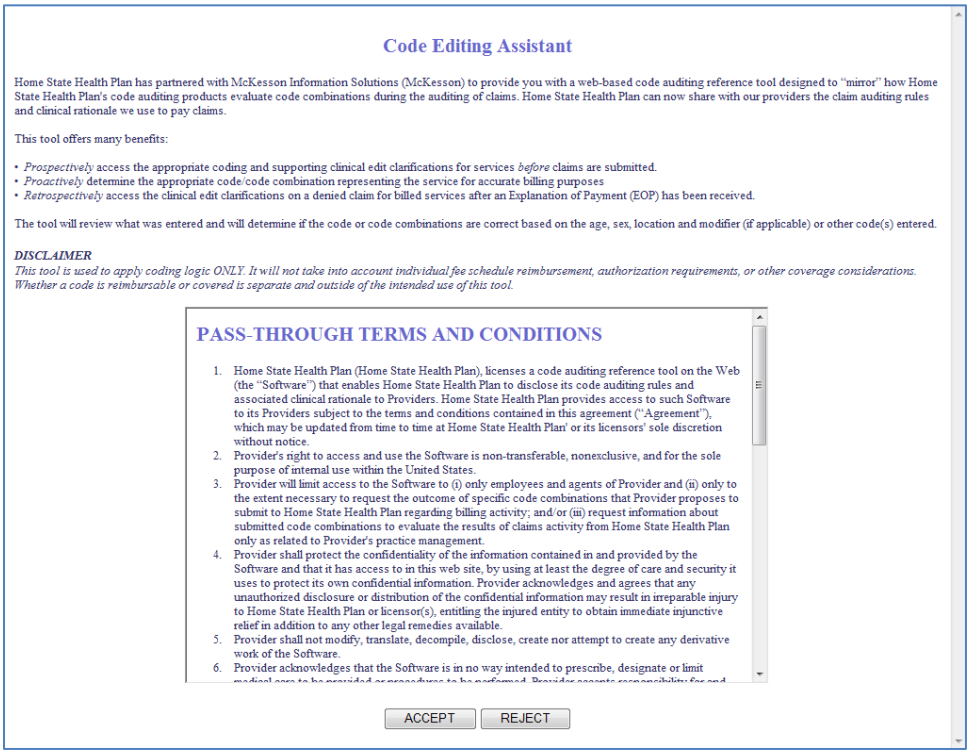
5. The claims payment results appear. To view the explanation of payment details, click the **check date**.


Eligibility
Patients
Authorizations
Claims
Messaging
Kyle Bailey
Viewing Claims For :
- HOPE FAMILY CARE CENTER
Upload EDI
Create Claim
Explanation of Payment Details
Back to Payments List
Download (Excel Format)
Print
Check/Trace Number:0000010332 Check Date:08/09/2012
Insured Name:
Patient Name:
Control Numbe
Service Provider:
Group: HOPE FAMILY CARE CENTER
ID:
Account:
NPI:
SERV DATE DIAG# DRUG# PROC#/ PROC2 MOD DAYS/CNT QTY CHARGED ALLOWED DEDUCT/ COPAY COINSUR DISCOUNT INTEREST MED ALLOW MED PAID TPP DENIED ANSI CODES PAYMENT
10 07/25/2012 78031 99213 JN 0/1 115.00 36.38 0.00/0.00 0.00 0.00/0.00 0.00/0.00 0.00 0.00 92 36.38
Sub Total $115.00 $36.38 $0.00/ $0.00 $0.00 $0.00/ $0.00 $0.00 / $0.00 $0.00 $0.00 $36.38
Insured Name:
Patient Name:
Control Number:
Service Provider:
Group: HOPE FAMILY CARE CENTER
ID:
Account:
NPI:
SERV DATE DIAG# DRUG# PROC#/ PROC2 MOD DAYS/CNT QTY CHARGED ALLOWED DEDUCT/ COPAY COINSUR DISCOUNT INTEREST MED ALLOW MED PAID TPP DENIED ANSI CODES PAYMENT
10 07/18/2012 6929 99213 JN 0/1 115.00 36.38 0.00/0.00 0.00 0.00/0.00 0.00/0.00 0.00 0.00 92 36.38
Sub Total $115.00 $36.38 $0.00/ $0.00 $0.00 $0.00/ $0.00 $0.00 / $0.00 $0.00 $0.00 $36.38

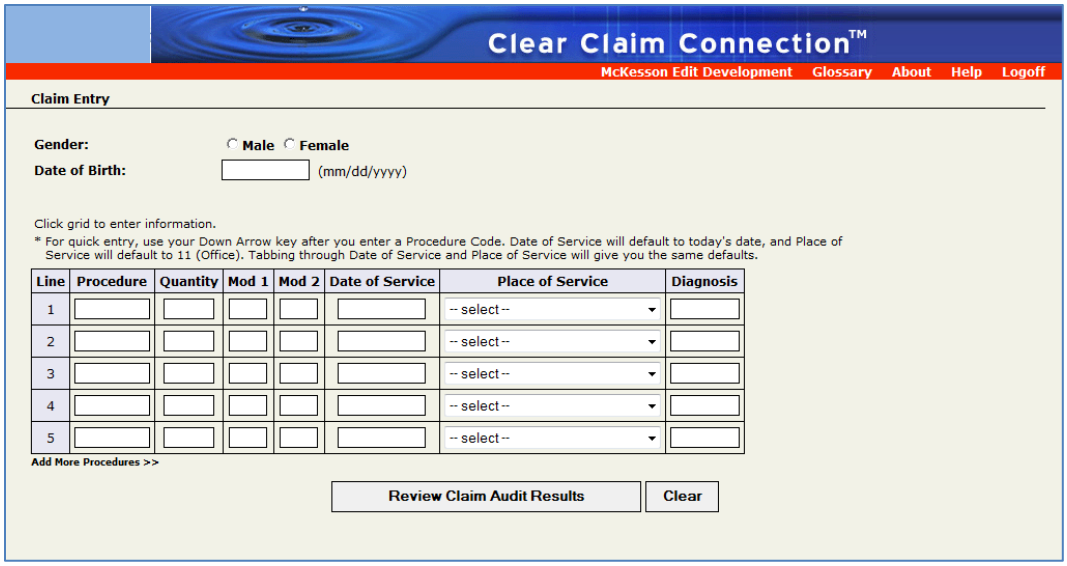
6. The explanation of payment details displays the check number and date with all of the payments made on the check.

Claims Audit Tool

1. Log in to the secure website.
2. Click **Claims** at the top of the screen.
3. Select the **Claims Audit Tool**.


Code Editing Assistant
Home State Health Plan has partnered with McKesson Information Solutions (McKesson) to provide you with a web-based code auditing reference tool designed to "mirror" how Home State Health Plan's code auditing products evaluate code combinations during the auditing of claims. Home State Health Plan can now share with our providers the claim auditing rules and clinical rationale we use to pay claims.
This tool offers many benefits:
• Prospectively access the appropriate coding and supporting clinical edit clarifications for services before claims are submitted.
• Proactively determine the appropriate code/code combination representing the service for accurate billing purposes
• Retrospectively access the clinical edit clarifications on a denied claim for billed services after an Explanation of Payment (EOP) has been received.
The tool will review what was entered and will determine if the code or code combinations are correct based on the age, sex, location and modifier (if applicable) or other code(s) entered.
DISCLAIMER
This tool is used to apply coding logic ONLY. It will not take into account individual fee schedule reimbursement, authorization requirements, or other coverage considerations. Whether a code is reimbursable or covered is separate and outside of the intended use of this tool.
PASS-THROUGH TERMS AND CONDITIONS
1. Home State Health Plan (Home State Health Plan), licenses a code auditing reference tool on the Web (the "Software") that enables Home State Health Plan to disclose its code auditing rules and associated clinical rationale to Providers. Home State Health Plan provides access to such Software to its Providers subject to the terms and conditions contained in this agreement ("Agreement"), which may be updated from time to time at Home State Health Plan' or its licensors' sole discretion without notice.
2. Provider's right to access and use the Software is non-transferable, nonexclusive, and for the sole purpose of internal use within the United States.
3. Provider will limit access to the Software to (i) only employees and agents of Provider and (ii) only to the extent necessary to request the outcome of specific code combinations that Provider proposes to submit to Home State Health Plan regarding billing activity; and/or (iii) request information about submitted code combinations to evaluate the results of claims activity from Home State Health Plan only as related to Provider's practice management.
4. Provider shall protect the confidentiality of the information contained in and provided by the Software and that it has access to in this web site, by using at least the degree of care and security it uses to protect its own confidential information. Provider acknowledges and agrees that any unauthorized disclosure or distribution of the confidential information may result in irreparable injury to Home State Health Plan or licensor(s), entitling the injured entity to obtain immediate injunctive relief in addition to any other legal remedies available.
5. Provider shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work of the Software.
6. Provider acknowledges that the Software is in no way intended to prescribe, designate or limit
ACCEPT
REJECT

4. The Code Editing Assistant screen appears with terms and conditions to **Accept** or **Reject**.
5. Click **Accept**.

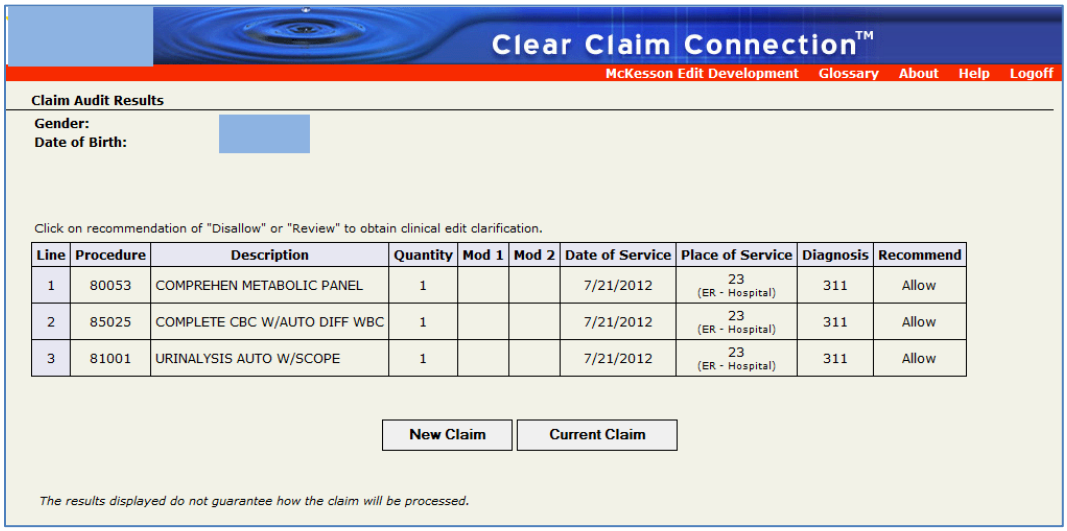

Clear Claim Connection™
McKesson Edit Development Glossary About Help Logoff
Claim Entry
Gender: Male Female
Date of Birth: (mm/dd/yyyy)
Click grid to enter information.
* For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.
Line Procedure Quantity Mod 1 Mod 2 Date of Service Place of Service Diagnosis
1 -- select --
2 -- select --
3 -- select --
4 -- select --
5 -- select --
Add More Procedures >>
Review Claim Audit Results
Clear

6. The Clear Claim Connection screen appears, allowing you to enter the Procedure Code, Quantity, Modifiers, Date and Place of Service, and Diagnosis for a claim proactively before you submit or retroactively after you submit.

   ***Date of Service defaults to today's date, and Place of Service defaults to 11 (Office) if not populated otherwise. Use the Tab key to move through the fields easily.

   ***If you have more than 5 procedure codes, click the **Add More Procedures** link.

7. Click the **Review Claim Audit Results** button.


Clear Claim Connection™
McKesson Edit Development Glossary About Help Logoff
Claim Audit Results
Gender:
Date of Birth:
Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.
Line Procedure Description Quantity Mod 1 Mod 2 Date of Service Place of Service Diagnosis Recommend
1 80053 COMPREHEN METABOLIC PANEL 1 7/21/2012 23 (ER - Hospital) 311 Allow
2 85025 COMPLETE CBC W/AUTO DIFF WBC 1 7/21/2012 23 (ER - Hospital) 311 Allow
3 81001 URINALYSIS AUTO W/SCOPE 1 7/21/2012 23 (ER - Hospital) 311 Allow
New Claim
Current Claim
The results displayed do not guarantee how the claim will be processed.

8. The results of the claim audit display the Recommendation Status of Allow, Disallow, or Review.

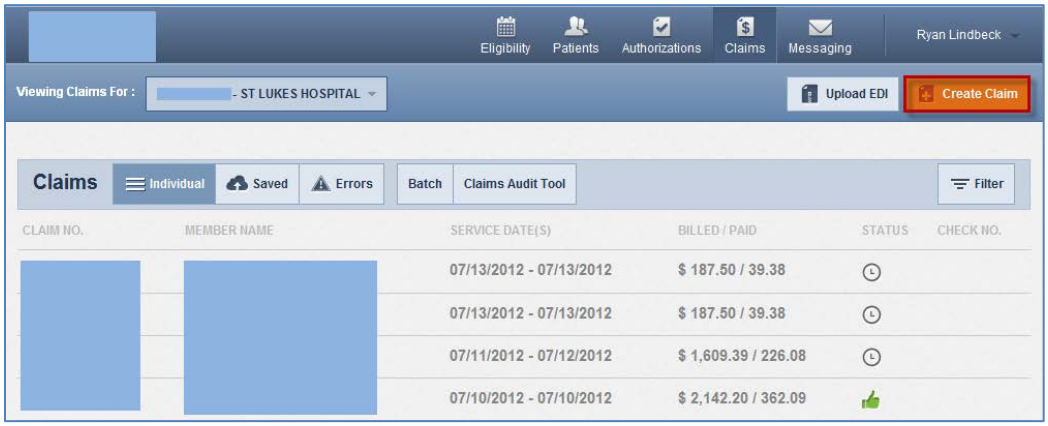
   ***The results displayed do not guarantee how the claim will be processed, but assist in claims submittal.

   ***If the Recommendation Status states Disallow or Review, click the status for more clinical edit information.

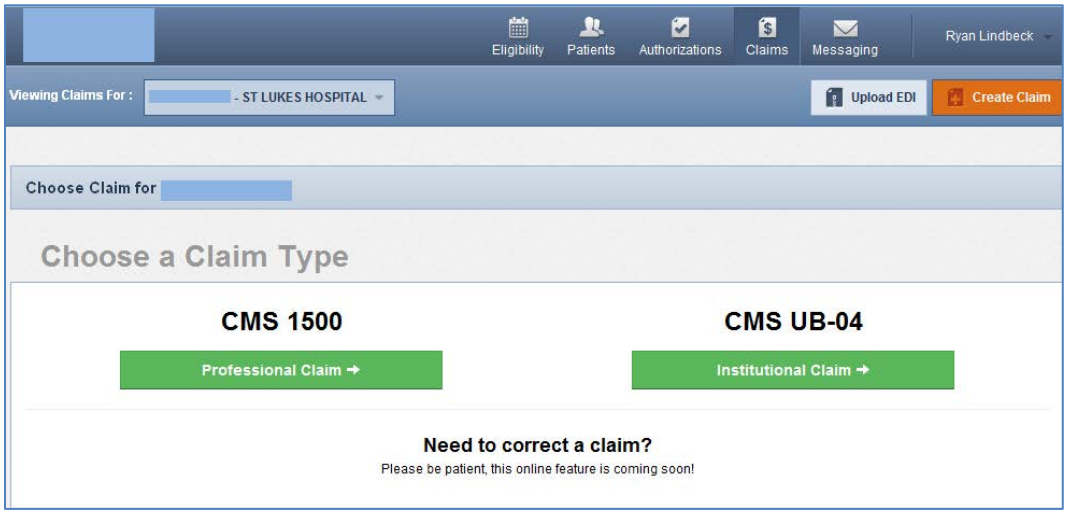
Professional Claims

To create a Professional Claim:

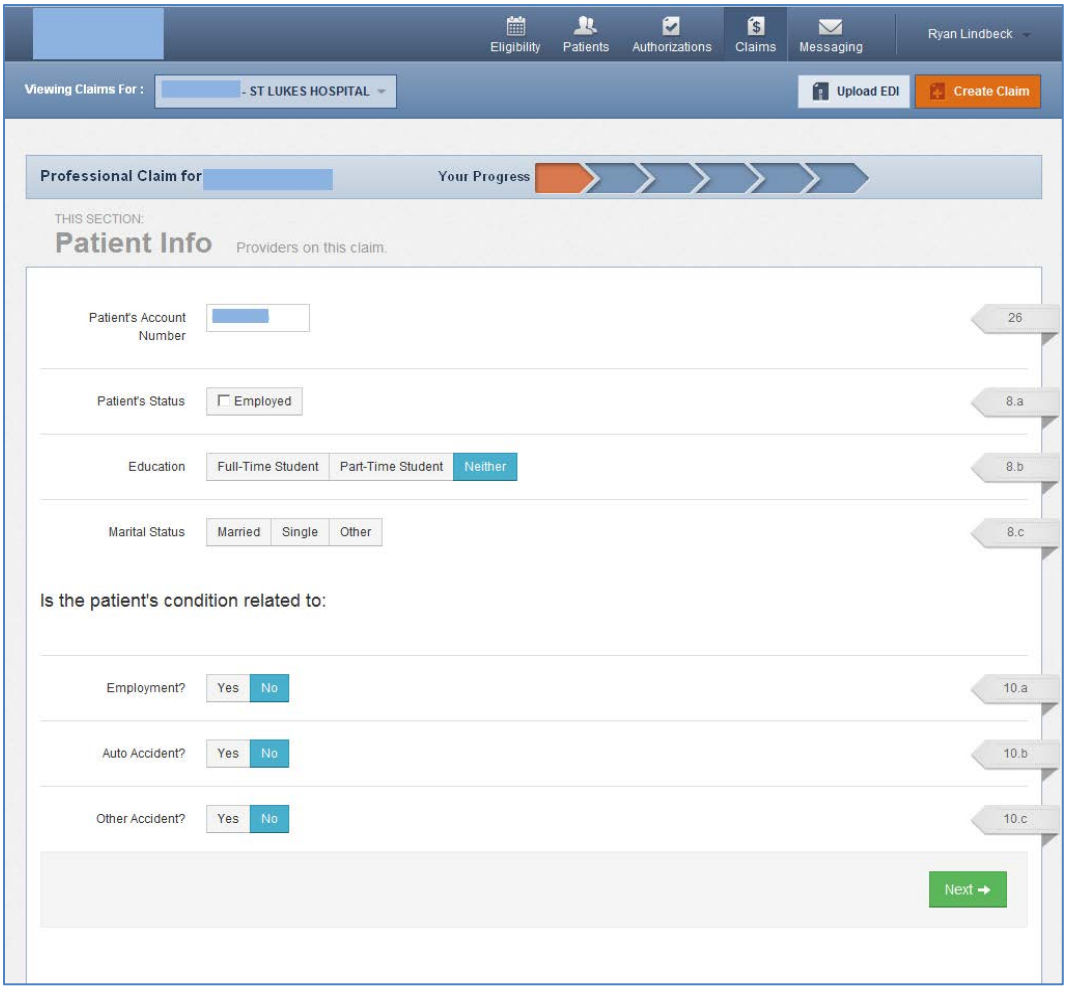
1. Click **Claims** at the top of your screen.



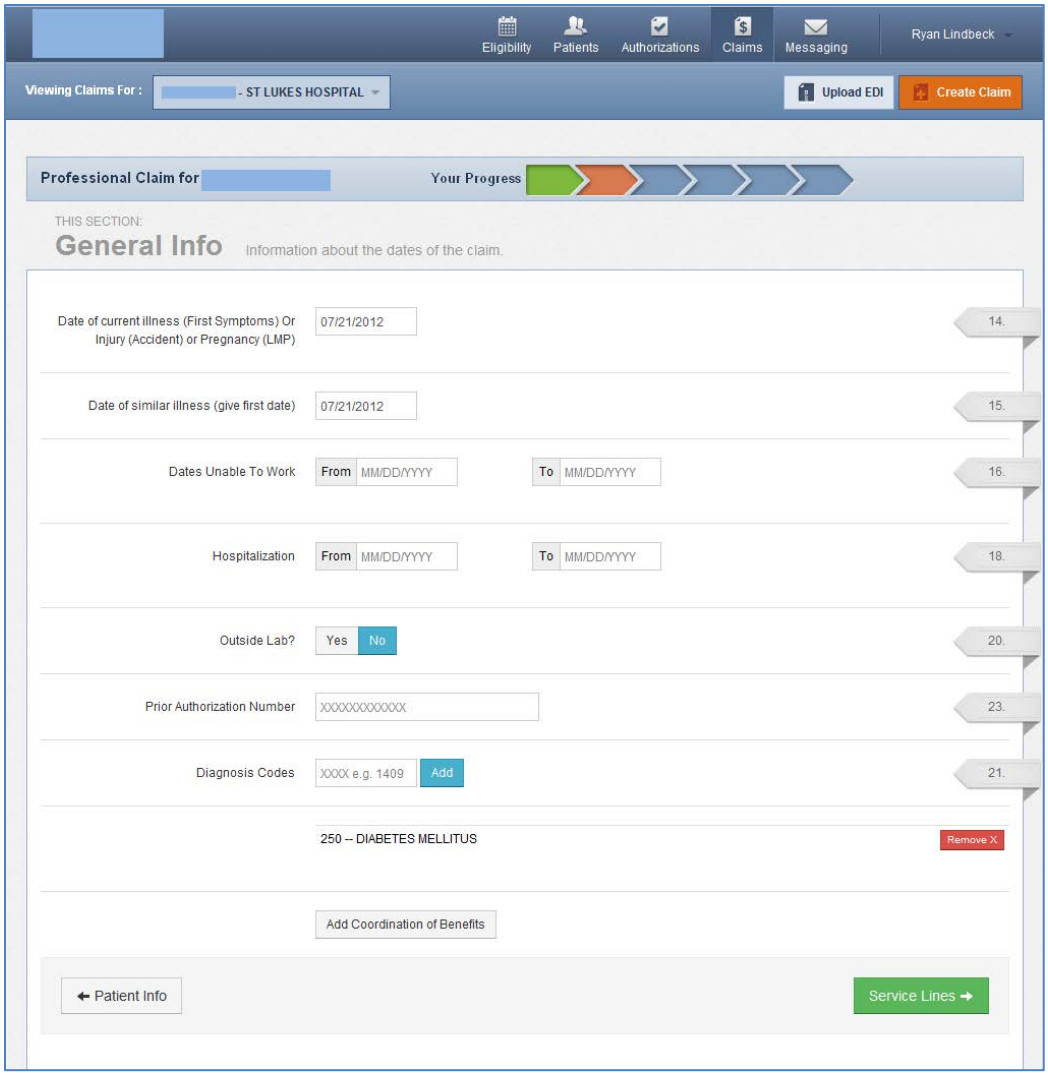
2. Enter the Member ID/Last Name, and Birthdate of your member. Click **Find**.



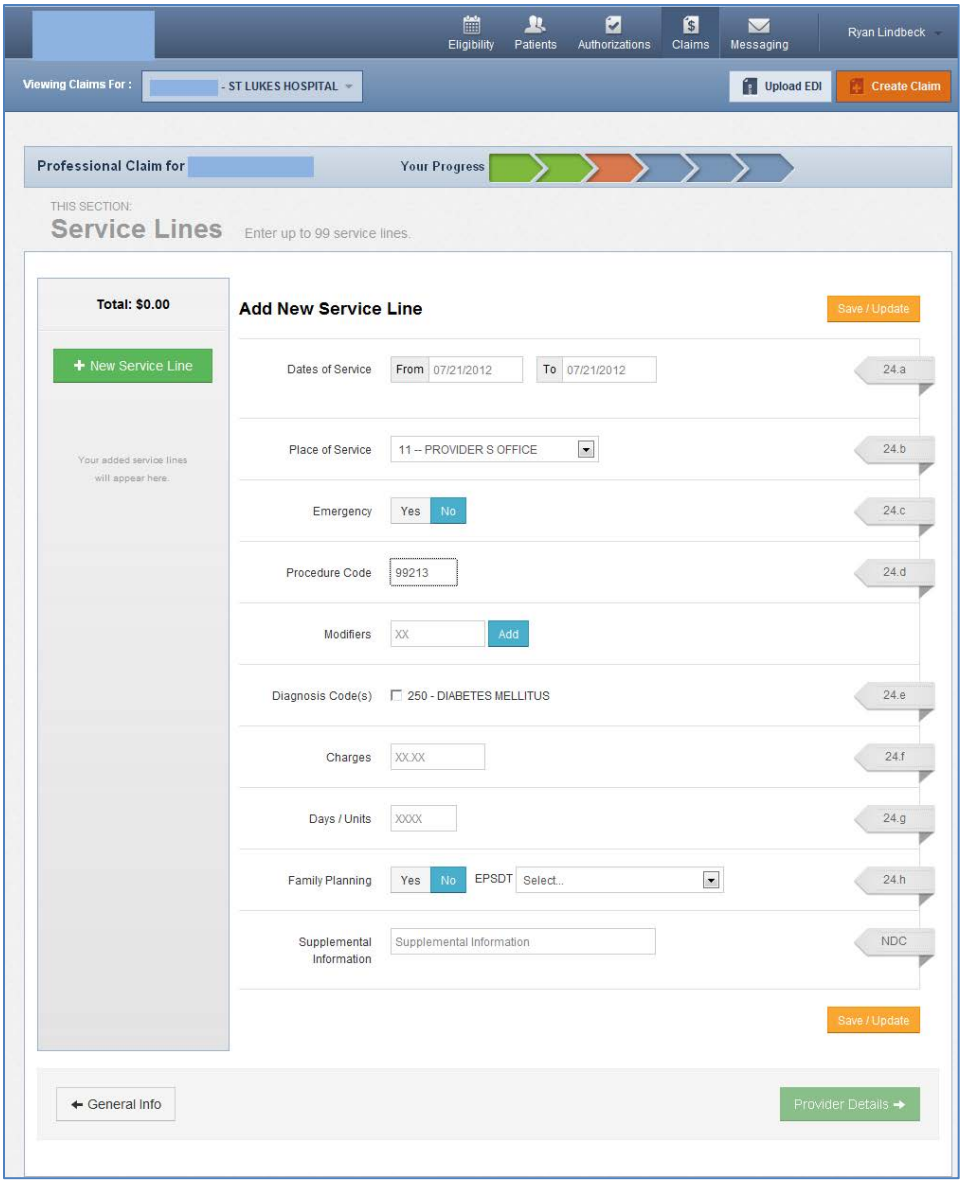
3. Select **Professional Claim** by clicking the green button.



4. In the Patient Info section, populate the Patient's Account Number, and other information related to the patient's condition by clicking the appropriate button.
5. Click **Next**.



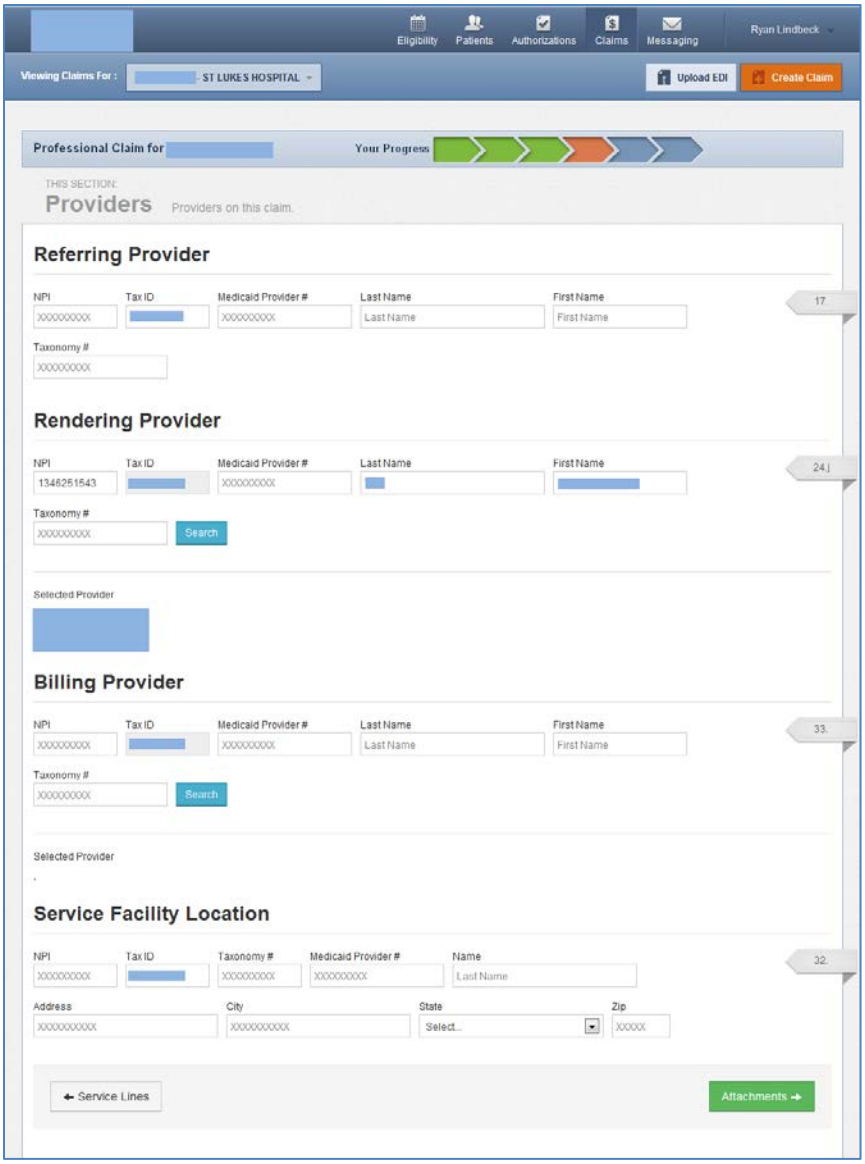
6. In the General Info section, populate the claim information and dates. You can Add Coordination of Benefits by selecting the button.
7. Click **Service Lines**.



8. In the Service Lines section, add your service line information. You can enter up to 99 service lines.

   ***Note:** When entering charges for the service billed, include the decimal point to ensure the data is populated accurately.
   For example, 99.00 converts to $99.00.

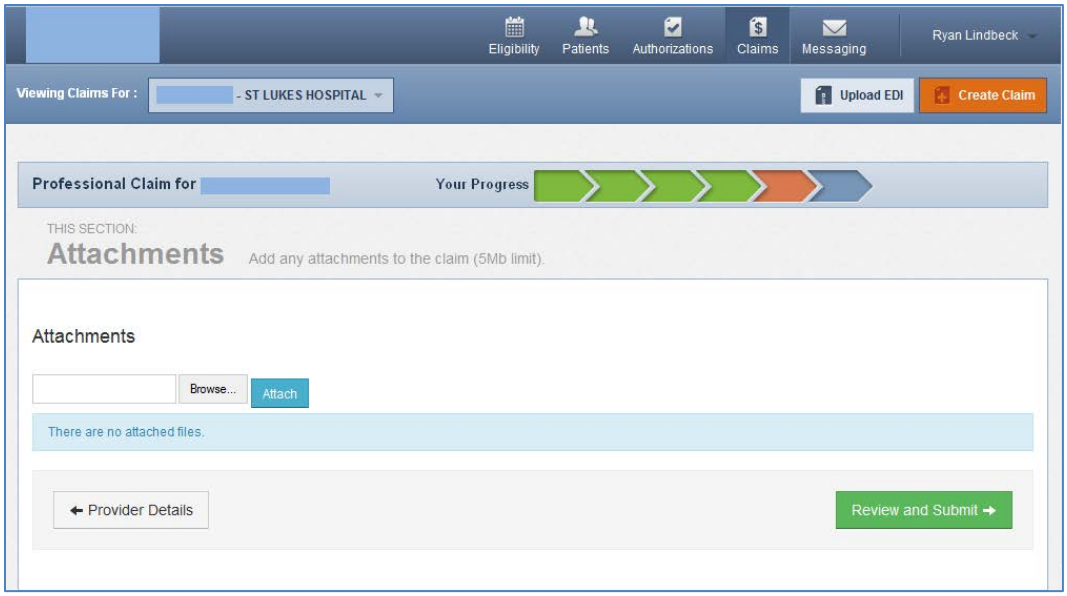
9. To add additional service lines, click the **Save/Update** button and then click the **New Service Line** button.
10. When you are ready to proceed, click **Provider Details**.



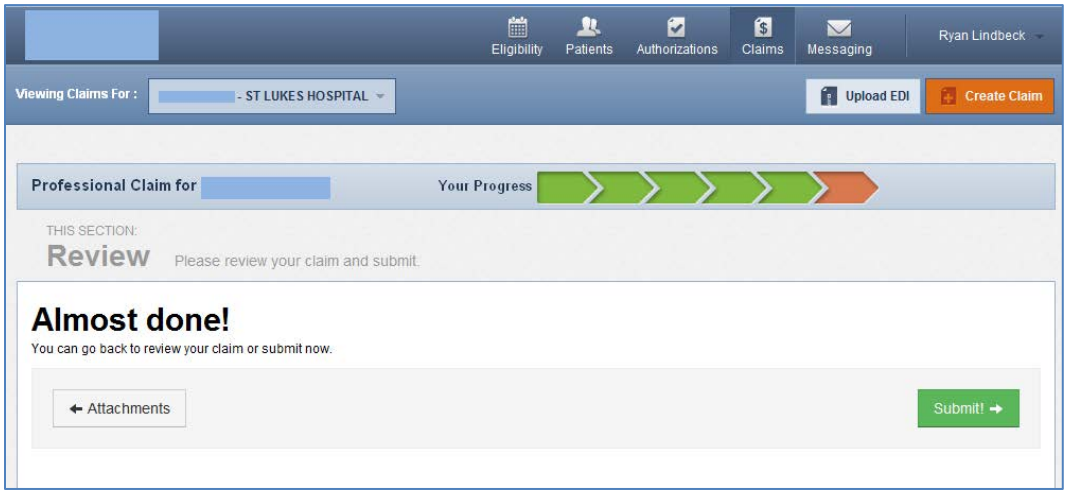
11. In the Providers section, populate the information for the Referring Provider, Rendering Provider, Billing Provider, and Service Facility Location.

    ***Use the blue Search button after entering a Tax ID or NPI for assistance with your search.
    ***Required fields are dependent on the type of claim submitted: Professional or Institutional.

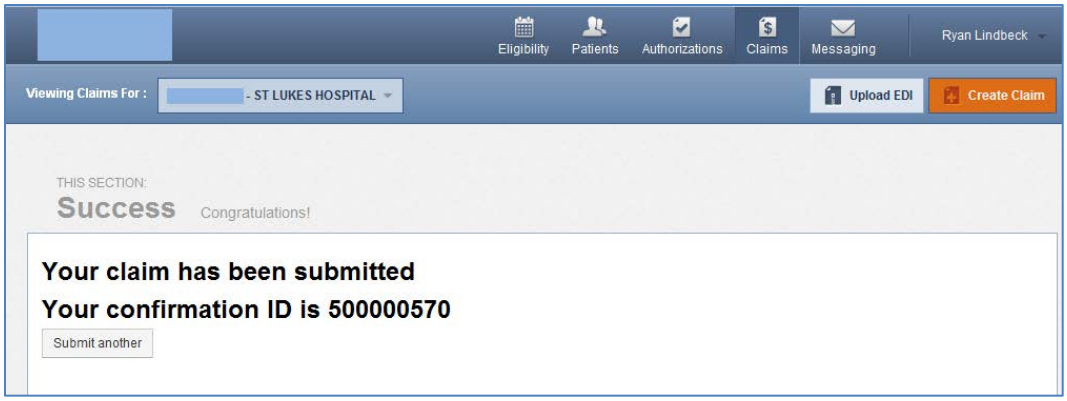
12. Click **Attachments**.



13. In the Attachments section you can **Browse** and **Attach** any documents to the claim as desired. If you have no attachments, none are required.
14. Click **Review and Submit**.



15. In the Review section, you can review the claim once again before clicking **Submit**.

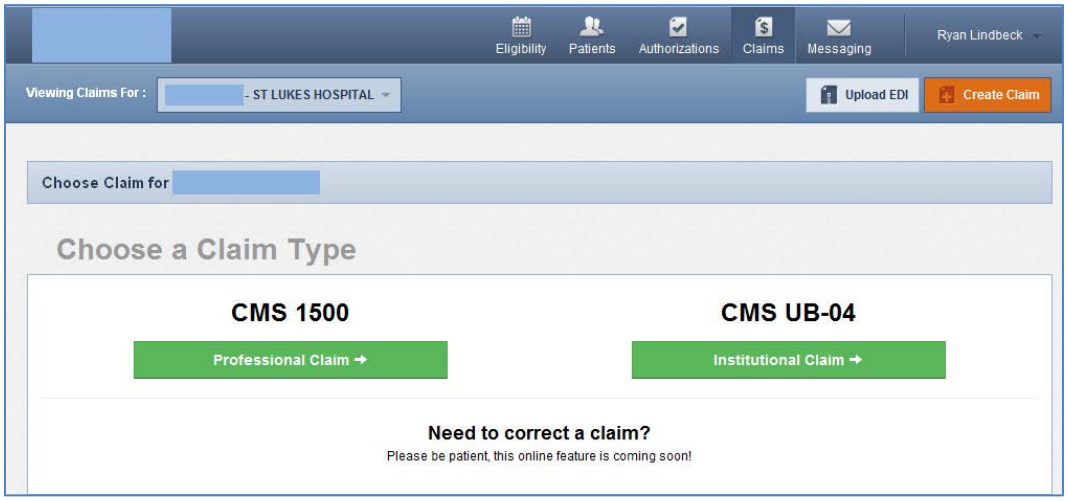


16. In the Success section, a confirmation ID displays for your records.
17. Click **Submit another** to submit another claim.

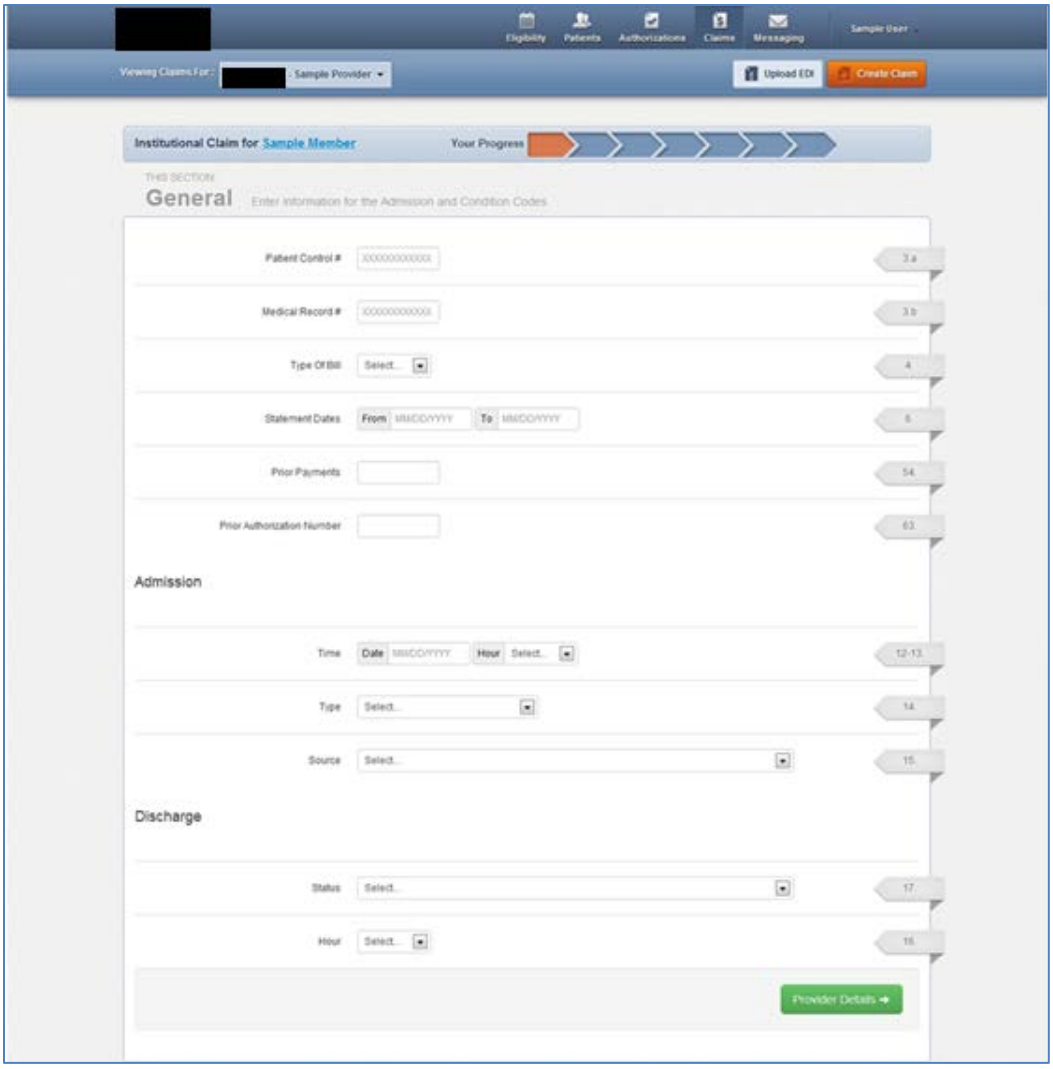
Institutional Claims

To create an Institutional Claim:

1. Click **Claims** at the top of your screen.
2. Click **Create Claim**.
3. Enter the Member ID/Last Name and Birthdate for the member. Click **Find**.



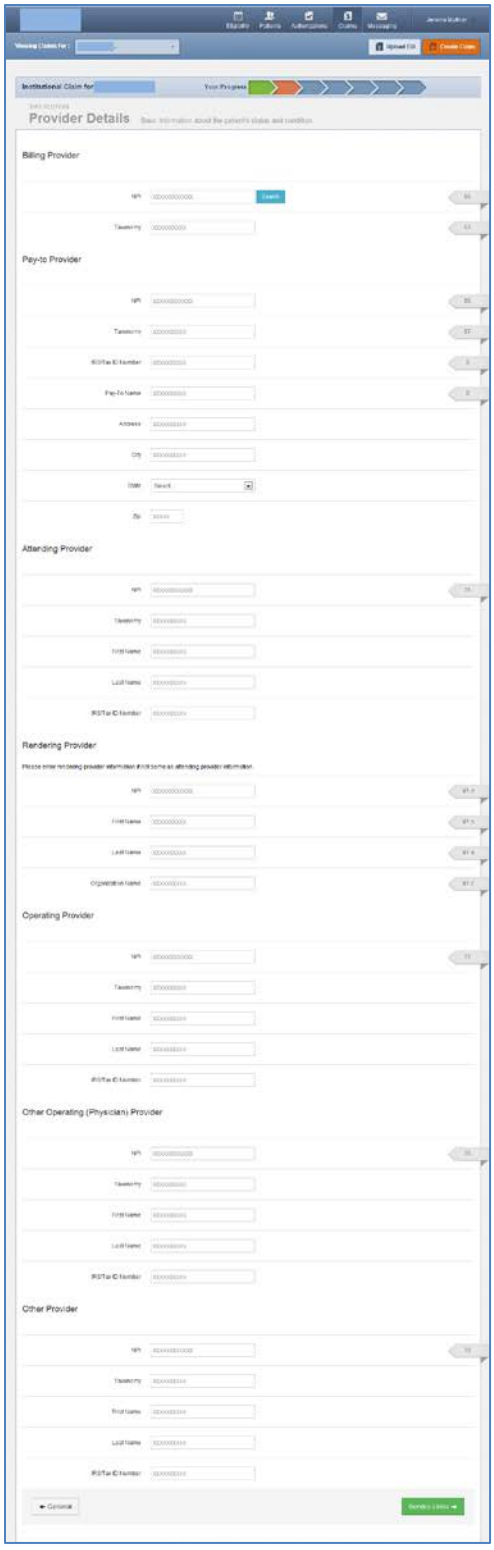
4. Select CMS UB-04 **Institutional Claim**.



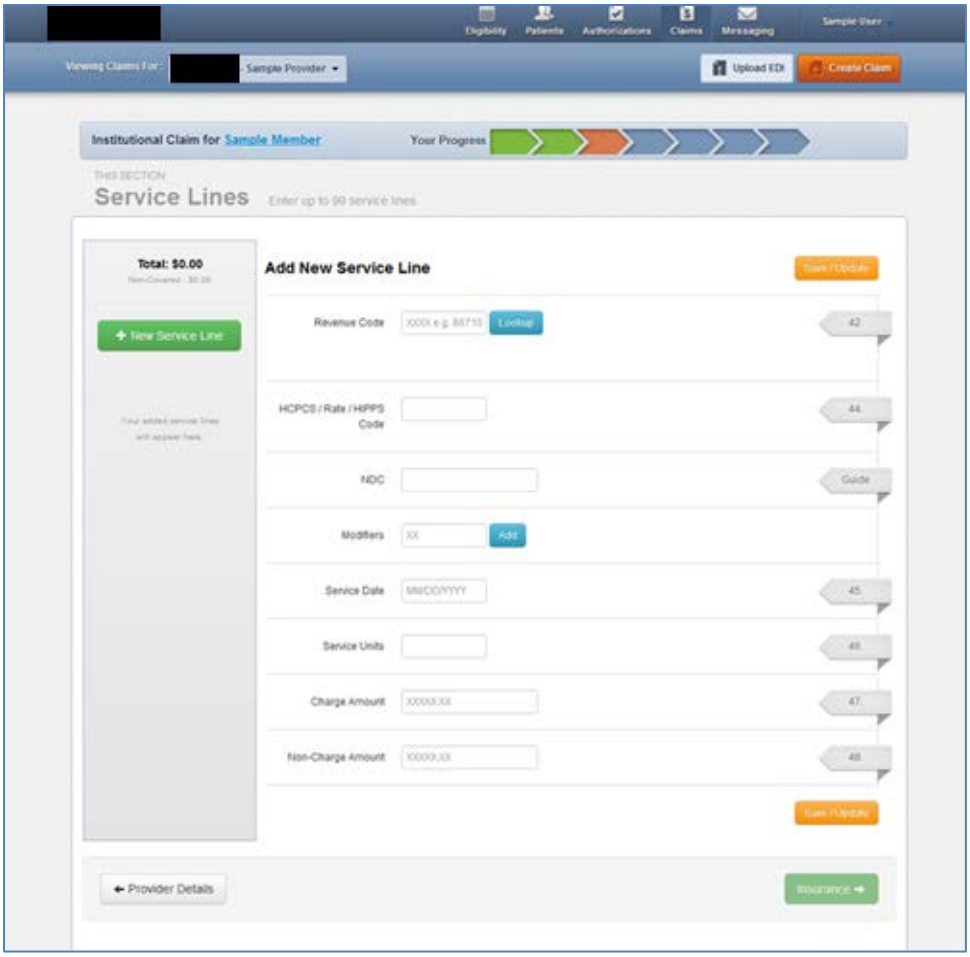
5. In the General section, populate the admission and condition code information. The fields displayed here reflect those on a UB-04 form.

   ***Hover over the Claim Field Tabs to the right of the screen to help determine what field on the UB-04 form from which to obtain the information.

6. Click **Provider Details** to proceed.



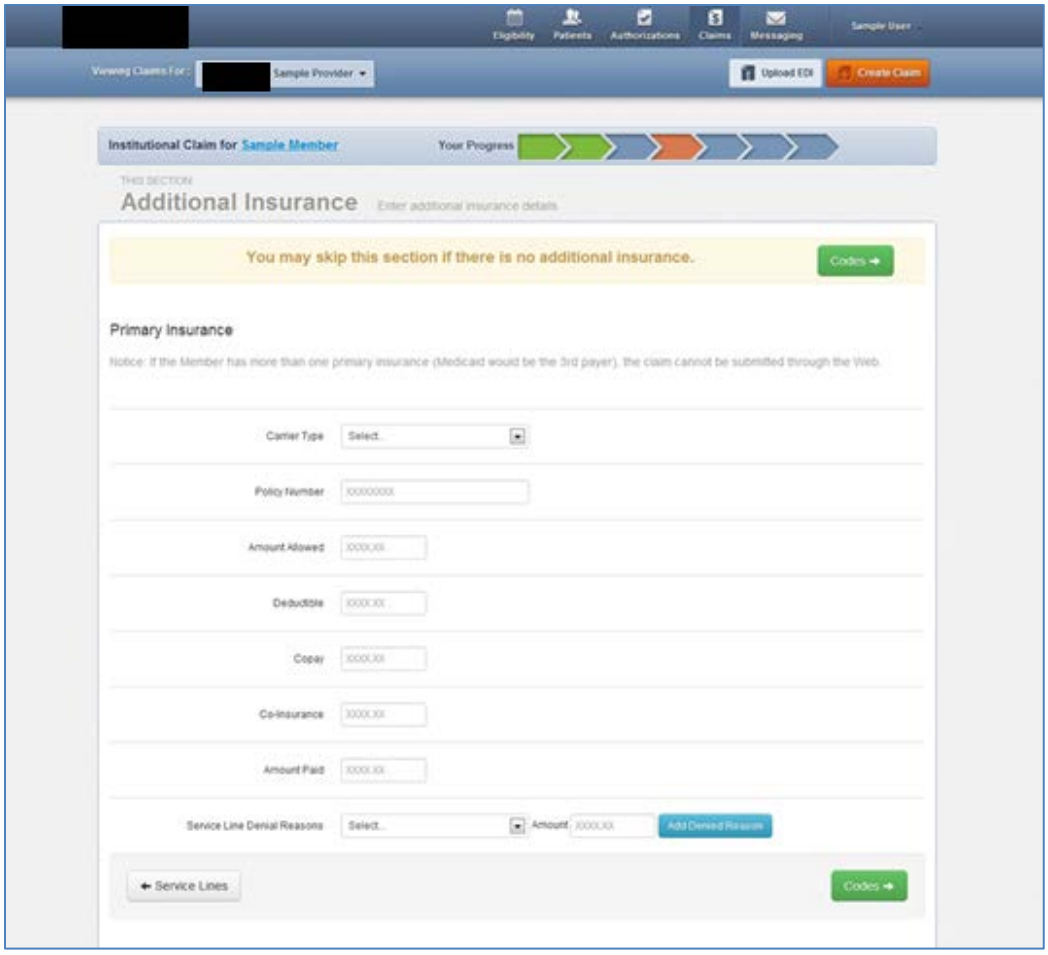
7. In the Provider Details section, enter the billing and other provider information in the appropriate fields.
8. Click **Service Lines** to proceed.



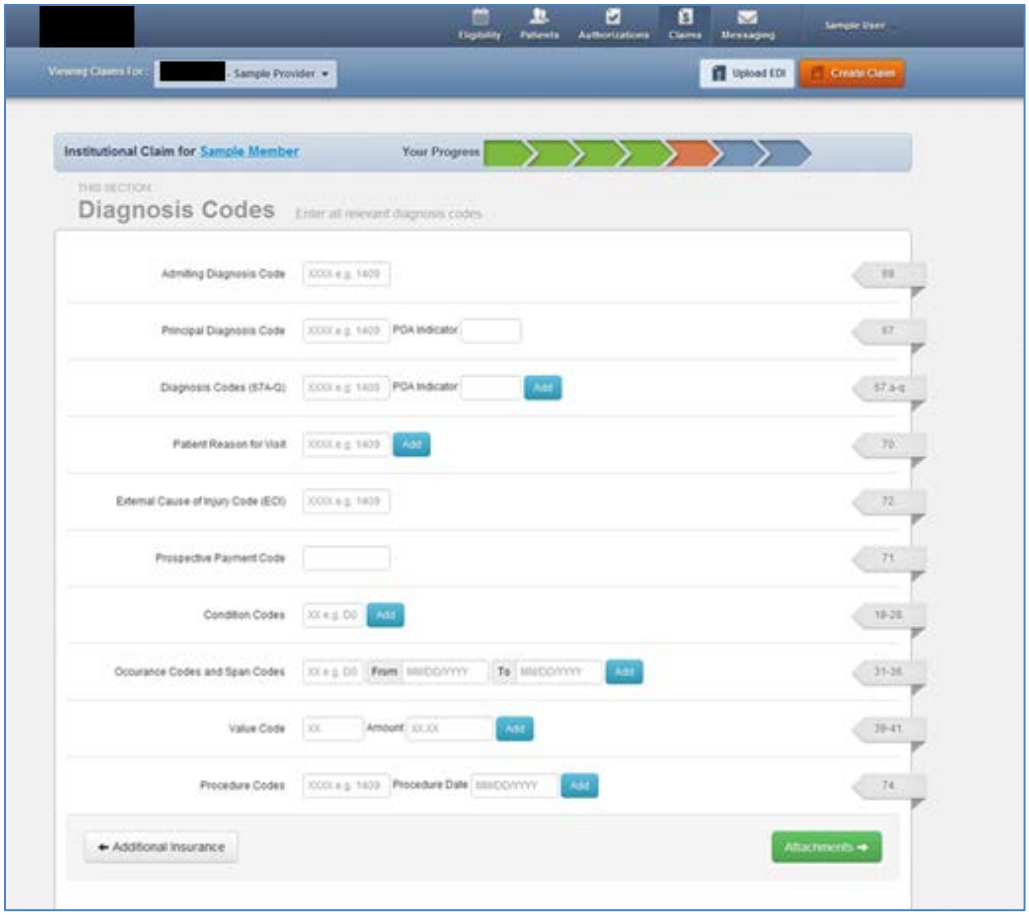
9. In the Service Lines section, enter the information about the services provided.
   ***You can enter up to 99 service lines.

10. Click **Save/Update**, and to add a new service line click the **+ New Service Line** button on the left.

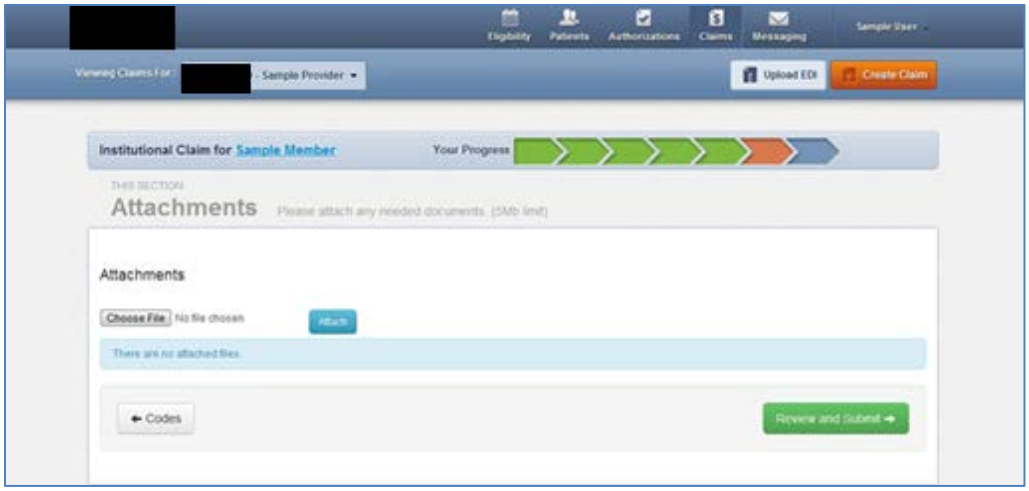
11. When all necessary service lines have been entered and saved, click the **Insurance** button to proceed.



12. In the Additional Insurance section, enter any additional insurance details as needed. If there is no additional insurance, you may skip this section.
13. Click **Codes** to proceed.



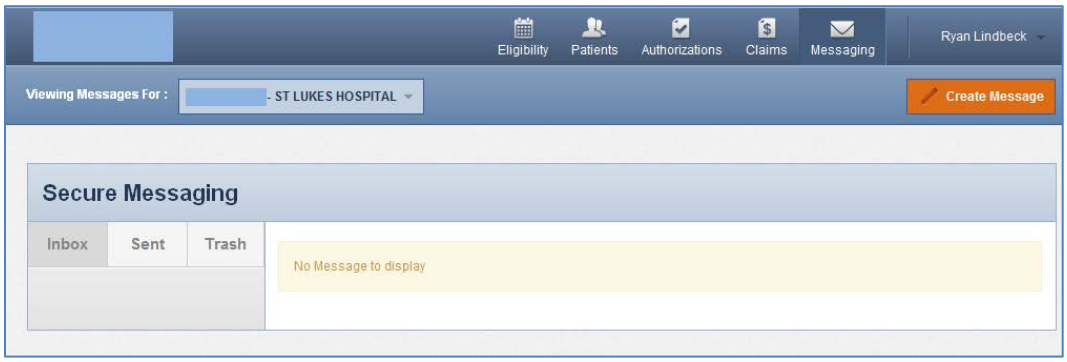
14. In the Diagnosis Codes section, enter all relevant diagnosis information.
15. Click **Attachments** to proceed.



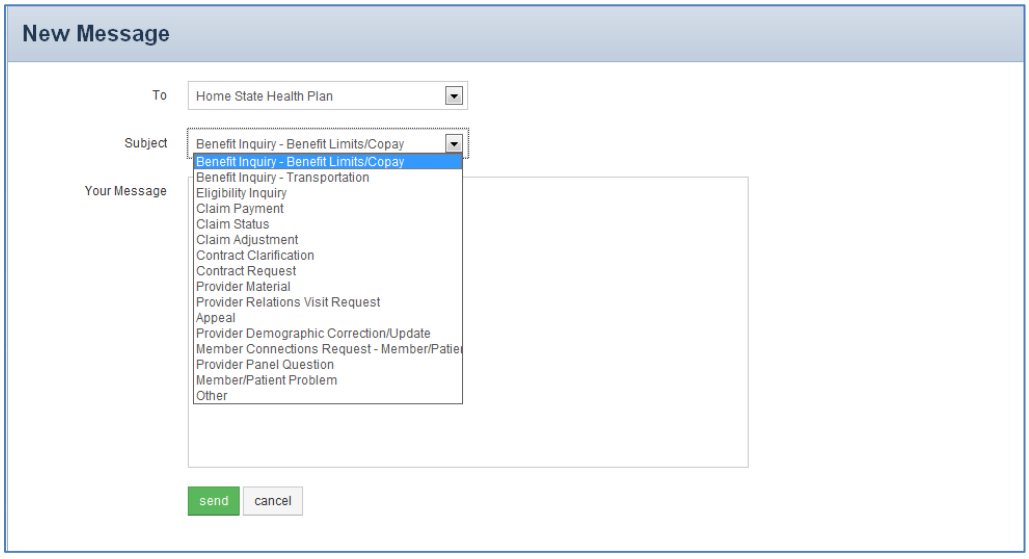
16. In the Attachments section, **Choose File** and **Attach** any relevant file to the claim.
17. Click **Review and Submit**.

Secure Messaging

To send a secure message:

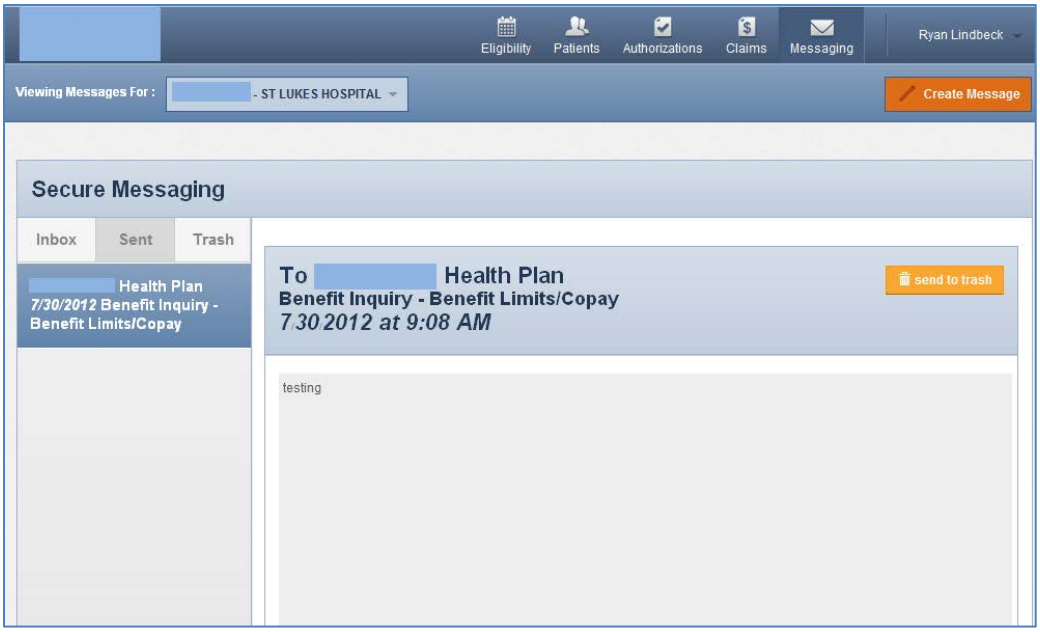


1. Click **Messaging** at the top of the screen.
2. The Secure Messaging Inbox appears displaying any messages you have.
3. Click **Create Message** to create a secure message.



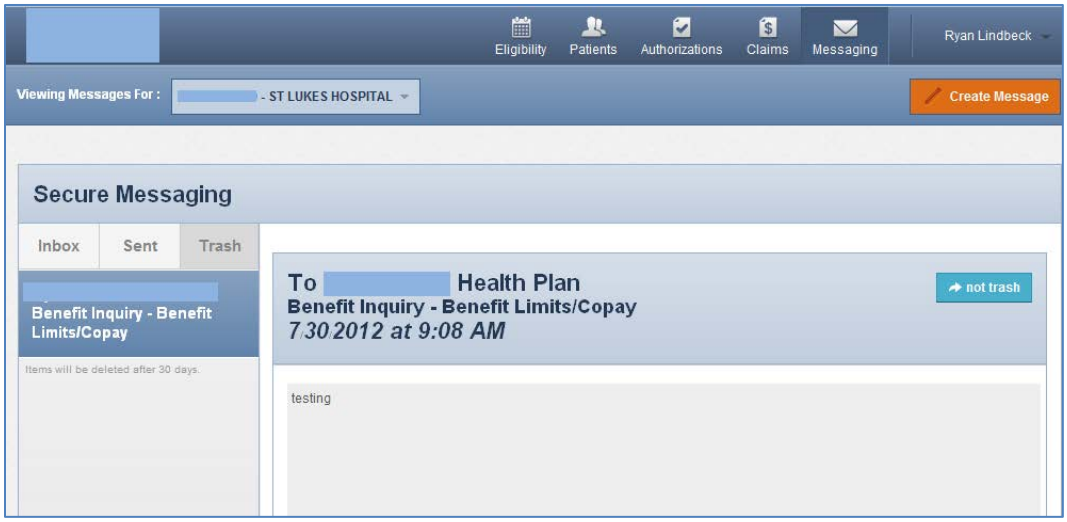
4. In the New Message screen, the To field populates and you are able to select a **Subject** from the drop-down menu.
5. In the Your Message field you can free text type the message to the Health Plan staff.
6. Click **Send** when complete.
7. A confirmation message appears that your message successfully sent.

To view Sent messages:



1. To see the sent messages, click **Messaging** at the top of the screen.
2. Click **Sent**, and your sent messages appear.
3. To send to trash, click the **Send to trash** button.

To view messages sent to Trash:



1. To view the messages sent to Trash, click **Messaging** at the top of the screen.
2. Click **Trash**, and the messages sent to Trash appear.

   ***The messages sent to Trash will be deleted after 30 days.

3. If a message is not trash but is found under the Trash tab, you can reverse it by clicking the **not trash** button.